U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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State PATH Contacts Welcome Manual

SAMHSA's Strategic Initiatives

1. Prevention of Substance Abuse & Mental Illness
2. Trauma & Justice
3. Military Families
4. Health Care Reform Implementation
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6. Health Information Technology
7. Data, Outcomes, & Quality
8. Public Awareness & Support

= The End of Homelessness

Acknowledgements

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Originating Office

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Additional SAMHSA Resources

For more information about SAMHSA resources and programs, contact the SAMHSA Health Information Network at 1.877.SAMHSA.7 (1.877.726.4727).

State PATH Contacts
Welcome Manual

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A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

PATH Projects for Assistance in
Transition from Homelessness

Overview

The Stewart B. McKinney Homeless Assistance Amendments Act of 1990 created the Projects for Assistance in Transition from Homelessness (PATH) program.[1] The PATH program is a Federal formula grant distributed to each state, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, American Samoa, and the Virgin Islands. The PATH program supports the delivery of outreach and services to individuals with serious mental illnesses and those with co-occurring substance use disorders who are homeless or at imminent risk of becoming homeless.

The 50 states and the United States (U.S.) territories receive PATH funding from the Center for Mental Health Services (CMHS), a division of the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services (HHS). These states and territories are referred to as PATH grantees. They solicit proposals and award funding to local public or nonprofit organizations to provide a variety of essential services to individuals who have serious mental illnesses and who may have co-occurring substance use disorders and are homeless or at imminent risk of homelessness. Nearly 600 providers, and their sub-contractors, focus on these vulnerable members of our society and provide services that may not be supported by mainstream mental health programs.

The PATH funding leverages state and local resources (states must match directly or indirectly through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than one dollar for every three dollars of Federal PATH funds). This creates a network of human service organizations accessible to people who are homeless with serious mental illnesses and who may also have co-occurring substance use disorders.

1 PATH legislation is available on the PATH Website in the State PATH Contact Resource Center http://pathprogram.samhsa.gov/Super/PATH/Grc.aspx and in Appendix A: PATH Legislation.

Eligible Services

The Homeless Programs Branch, within CMHS, SAMHSA administers the PATH program. The PATH Director and Government Project Officers (GPOs) provide Federal oversight of the program. GPOs are assigned to each state and territory by SAMHSA to assist the State PATH Contacts (SPCs) in managing the PATH program.

GPOs address issues related to the PATH legislation, the PATH application, PATH monitoring and other areas as needed.

The National PATH Technical Assistance (TA) Center assists CMHS in providing support and TA to the PATH grantees, as well as to nearly 600 local providers. These services are provided on-site, via online trainings and teleconferences, and through the PATH website (http://pathprogram.samhsa. gov). The State PATH Contacts Resource Center (SPCRC), a private section of the PATH website located under the Grantee Resource Center tab located on the home page, is designed to communicate with SPCs. The PATH Technical Assistance Center also serves as a data coordinating center, providing data collection, analysis, and reporting for the PATH program. A thorough description of PATH Technical Assistance Center services is in Section V.

Virtually all states use PATH funds to provide outreach services to contact and engage people not currently connected to mainstream services. In many states, PATH funds are the only funds available for outreach within the mental health system. Eligible services through PATH are as follows:

- outreach

- screening and diagnostic treatment

- habilitation and rehabilitation

- community mental health

- alcohol and drug treatment

- staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who are homeless require services

- case management

- supportive and supervisory services in residential settings

- referral for primary health services, job training, educational services, and relevant housing services

- housing services as specified in Section 522(b)(10) of the Public Health Service Act, including:

  » minor renovation, expansion, and repair of housing; planning of housing
  » TA in applying for housing assistance
  » improving the coordination of housing services
  » security deposits
  » costs associated with matching eligible individuals who are homeless with appropriate housing situations
  » one-time rental payments to prevent eviction

For a detailed description of service definitions, please refer to the PATH Annual Report Provider Guide in the SPCRC on the PATH website (http://pathprogram.samhsa.gov). Additional information regarding the service definitions is available in Appendix B: PATH Service Definitions.

State and Territory PATH Contacts: Roles and Responsibilities

Since the passage of the Government Performance Results Act (GPRA) in 1993, Federal agencies have moved steadily toward reporting on accountability for results such as measuring what the program actually accomplished with the funding expended. The PATH program has already begun to move in that direction. In 2009, many states reported results on the following five (5) voluntary outcome measures:

1. Housing (transitional, supportive, or permanent);

2. Income Benefits;

3. Earned Income (employment);

4. Medical Insurance Program (Medicaid, Medicare, and/or state/local plans), and

5. Primary Medical Care.

As the PATH program continues to move toward performance-based measures and outcomes, the following are minimum responsibilities and expectations for those who serve as PATH State and Territory Contacts (SPCs).

Data

- Participate in training and other activities to assist providers in collecting and reporting PATH data into the local Homeless Management Information System (HMIS) as soon as practicable.

- Become familiar with the PATH GPRA measures and their relationship to the data tables in the PATH Annual Report. Implement activities with providers to increase the performance of the PATH program as measured by data presented in the data tables.

- Implement activities to increase the level of participation of providers reporting on the five (5) voluntary outcome measures.

- Ensure the accuracy of data submitted by providers for the PATH Annual Report. The PATH Technical Assistance Center will not contact providers to ensure data accuracy except in special circumstances authorized by SAMHSA's PATH Director or the Project Director of the PATH Technical Assistance Center.

- Ensure timely submission of the PATH Annual Report to SAMHSA.

PATH Application

- Prepare the annual PATH application and ensure its timely submission to SAMHSA.

- Review the provider level information on the Intended Use Plans to make sure that it is reasonable, necessary and allowable.

- Ensure provider activities included in the Intended Use Plans are authorized in the PATH legislation.

- Ensure the PATH application is complete before submission to SAMHSA.

Providers

- Establish program priorities for use of PATH funds by providers that at a minimum must include:

  a. targeting persons who are literally homeless as a priority population and
  b. conducting street outreach as a priority service.

- Identify and select PATH providers who agree to support and implement the required minimum program priorities indicated above.

- Communicate regularly with providers by convening periodic meetings, webcasts, and teleconferences with providers.

- Monitor providers at least annually to ensure the minimum program priorities indicated above are provided, PATH funds are expended appropriately, and data is collected and reported for the PATH Annual Report.

- Host and facilitate access to providers for Federal monitoring site visits.

- Update provider information on the PATH website regularly.

- Assist in coordinating training and technical assistance activities for providers related to program priorities, data, HMIS implementation, evidenced-based practices and other activities necessary to improve program performance on GPRA and other program measures.

- Provide and encourage local-based training of interest to providers.

- Sponsor regional meetings encouraging networking opportunities and sharing of ideas with other states in the region.

Consumer Involvement

- Encourage employment of consumers by providers and state and local offices.

- Recruit and encourage recruitment of consumers to serve on mental health boards, panels and various workgroups and committees.

- Involve consumers in evaluating PATH-funded services.

Agency Collaboration
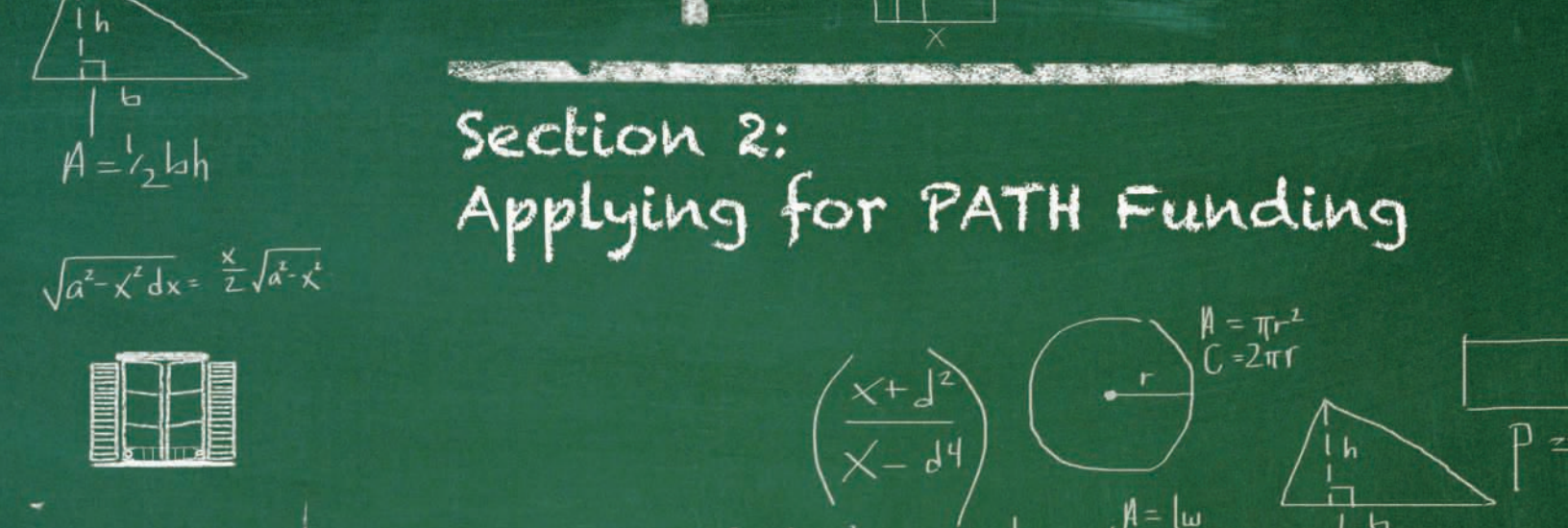
- Explore possible ways to increase resources through collaborations with other agencies.

- Work with the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care to assist providers in using HMIS and to coordinate homeless services locally.

- Collaborate with State Homeless Coalitions.

- Identify new partners (e.g. mental health planning and advisory councils, downtown business groups).

- Explore options for collaborations with Mental Health and Substance Use block grant programs, the Veteran's Administration and other mainstream programs, (e.g. Social Security Administration, Temporary Assistance for Needy Families (TANF) and Medicaid), to gain support for PATH consumers.

There are a variety of resources identified throughout this manual to assist SPCs in their role as managers of the PATH program including:

- Technical Assistance and Training from the PATH Technical Assistance Center including webcasts and regional trainings on HMIS, the PATH Annual Report and evidenced-based practices (see Section V).

- Mentoring Program for new SPCs to assist them in acclimating to their role (see Section V).

- PATH Website (http://pathprogram.samhsa.gov) with a private SPC Resource Center to share information and documents (see Section V).

- Biennial PATH Grantee Meeting held every other year on even numbered years in Washington, D.C. (see Section VI).

- Helpful Hints from GPOs and SPCs on applying for PATH funding, reporting PATH data and monitoring PATH providers (see Sections II through IV).

Overview

The states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands are eligible to apply for grants under the PATH program. Section 522 of the Public Health Service Act requires states to use funding for making grants to political subdivisions of the state and to nonprofit entities. A state match of not less than one dollar for every three dollars of Federal PATH funds is necessary. The state can match the funds directly or through contributions from local public or private/non-Federal contributions. The territories are exempt from the match requirement.

Each year, CMHS within SAMHSA issues a Request for Applications (RFA). States and territories must complete the application included in the RFA to receive PATH funding. The SPCs are responsible for preparing and submitting the Federal PATH grant application under the signature of the governor (or designee) of the state or territory. Usually, CMHS issues the RFA between January and March of each year. The SPCs receive notification via the PATH listserv that the RFA is available in the SPCRC on the PATH website, with the RFA then sent to the governor of the state and the director of the SPC's agency at the same time. The application due date is sixty days from the release of the RFA, and application submission is acceptable either via mail or electronically.

The SPCs must review the RFA carefully each year as the application content may change. The PATH Technical Assistance Center hosts a webcast for the SPCs to review the annual RFA with the national PATH Director. The PATH SPCRC posts the questions and answers from the webcast.

Application Requirements

Intended Use Plan

The SPCs must complete Sections A & B of the application.

Section A is a one-page executive summary, which includes the following information:

- list of the organizations to receive PATH funds
- service areas
- services the Federal PATH funds will support
- number of clients to be served

Section B consists of state-level and territory information including:

- the state's operational definitions of
  » an individual who is homeless
  » imminent risk of homelessness
  » serious mental illness
  » co-occurring disorder (serious mental illness and substance use disorder)
- estimated number of individuals who are homeless with serious mental illnesses by each region or geographic area for the entire state or territory

- description of allocation of PATH funds
- description of how PATH funding allocations are consistent with the state's comprehensive mental health plan
- information on whether mental health, Substance Use block grant funds, and/or general revenue specifically serve people who are homeless with mental illnesses
- description of provision of programmatic and fiscal oversight
- information on whether the state provides, pays for, or supports training for PATH funded staff
- description of the source of required matching non-Federal contributions and assurances of availability of contributions
- description of the process for public notice of the availability of PATH funding

The Intended Use Plan (IUP) is the local providers' request for PATH funding from the state or territory. The purpose of the IUP is for local providers to describe their intended plan to deliver PATH-eligible services with the funding received. The SPC's role is to decide whether the request meets the priority for the state, the targeted needs, and the grant eligibility guidelines. Several of the items requested in the IUP require guidance from the RFA or the Appendices. A sample of the IUP format is included in Appendix C: Sample Format for Intended Use Plan.

Submission of Application

Mail Submission

Submission of mail applications requires the following format:

- **Face Page**
  Standard Form (SF) 424 is the face page of the Federal application, also referred to as Public Health Service 5161-1 or PHS 5161-1. The face page of the application requests basic information about the applicant and the project. A variety of Public Health Service grant programs use this form.

- **Table of Contents**
  The Table of Contents includes page numbers for each of the major sections of the application and for each appendix item.

- **Budget Form**
  Standard Form 424A is a part of the PHS 5161-1 Federal application. The purpose of this form is to provide information regarding the financial plan for carrying out the project or program. The budget includes information on how the local provider will use Federal funding for salary, fringe, travel, supplies, contractual staff, construction, and other services. The budget provides information for Federal PATH funds, state, and local matching funds.

- **Project Narrative and Supporting Documentation**
  The Project Narrative consists of the following sections (as previously described above):

  - » Section A: Executive Summary
  - » Section B: State-Level Information
  - » Section C: Local Provider IUPs

- **Assurances**
  This section on Non-Construction Programs certifies that your state or territory agrees to comply with the assurances listed on SF 424B.

- **Certifications**
  This form is in the PHS 5161-1 Federal application. The purpose of this form is for the authorized official signing for the state or territory to certify that no Federal agency disbarred or suspended the organization applying for funding from transactions, the applicant will provide a drug free workplace, the applicant will not participate in lobbying, the information provided in the application is accurate and true, and the applicant will maintain a smoke free workplace.

- **Agreements**
  This form is a set of agreements assuring compliance with specific requirements of the legislation that the governor (or a designated individual) must sign. If a designee signs the agreement, the application must include a letter from the governor authorizing the individual to sign on his/her behalf. From year to year, the application may include a copy of this letter as long as the letter includes language indicating that the designation is valid for more than one year, e.g., "as long as I am Governor."

- **Disclosure of Lobbying Activities**
  Federal application PHS 5161-1 states that Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of information designed to support or defeat legislation pending before the Congress or state legislatures. This list includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. Applicants must complete this form and include it with the application.

- **Checklist**
  Inclusion of this checklist in PHS 5161-1 is to assure submission

of the proper signatures and certifications required in the Federal application. Applicants must complete the checklist and include it with the grant application.

- **Charitable Choice Provisions**
  On September 30, 2003, SAMHSA issued final regulations to implement its two Charitable Choice provisions (Sections 581–584 and Section 1955 of the Public Health Service Act, 42 USC 290k, et seq., and 42 USC 300x–65 et seq., respectively). These provisions and their regulations allow religious organizations to provide SAMHSA-funded substance abuse prevention and treatment services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions and regulations contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to state and local governments that provide substance abuse prevention and treatment services under SAMHSA grants. A copy of these regulations is available at http://www.hhs.gov/fbci/final.html. The state must comply with these Charitable Choice statutes and the agreements that the governors sign include a section on Charitable Choice.

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Electronic submission consists of the following required forms:

1. **SF 424 (v. 2)** Face Page (original signatures required)

2. **SF 424A** Budget Information, Non-Construction Programs

3. PATH Budget Narrative

4. **PHS 5161-1** Checklist

5. **SF-LLL** Disclosure of Lobbying Activities

6. PATH Agreements

7. Local Provider IUPs (usually Section C of the RFA)

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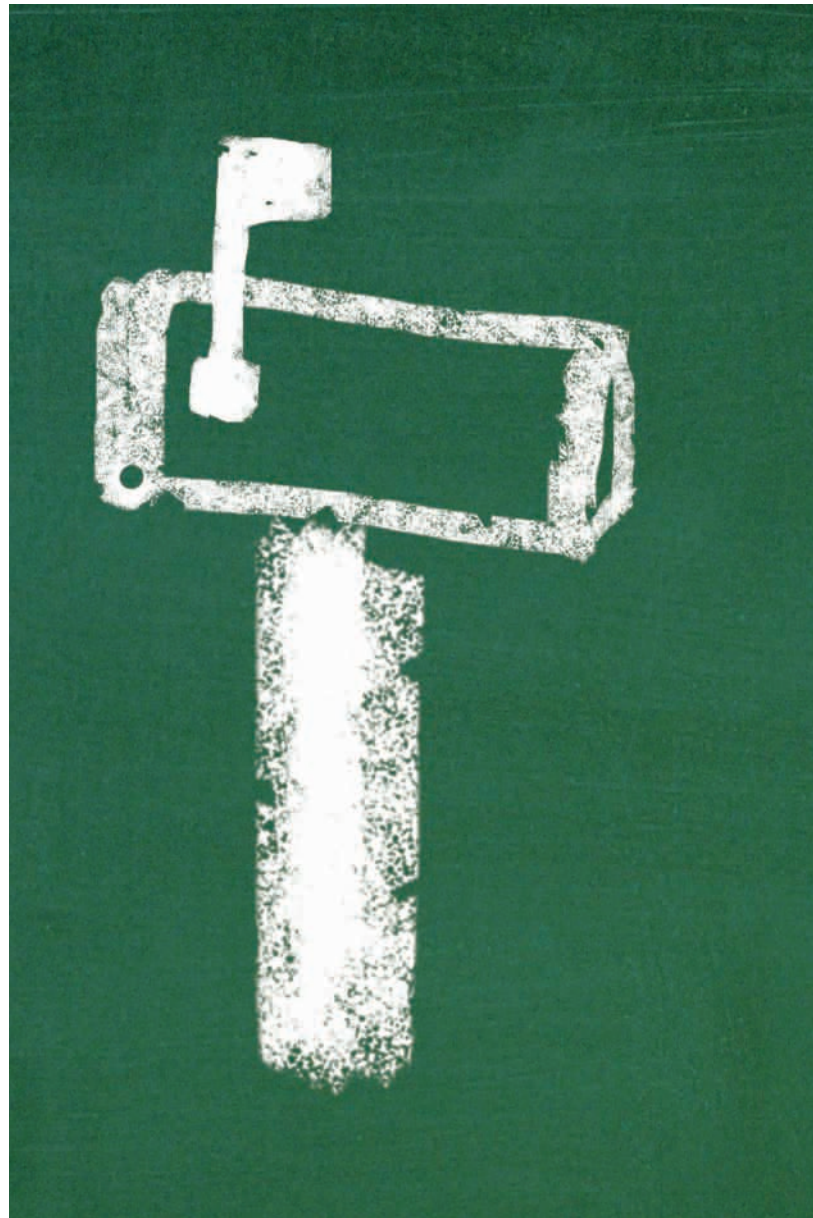
Electronic Submission

States and territories may choose to submit the PATH grant application electronically through http://www.grants.gov. Grants.gov has a narrated tutorial on how to complete a grant application package. To submit electronically, completion of the following steps is necessary:

- At least ten days before submitting the application through grants.gov, the organization may need to complete or renew the organization's registration with that system. Steps for completing the registration are available at http://www.grants.gov under "For Applicants—Get Registered."

- To submit an application, follow the instructions under http://www.grants.gov, "For Applicants—Apply for Grants." Access the application with the CFDA number 93.150.

- It is a strong recommendation that the grant application submission is in Microsoft Office product format (e.g., Microsoft Word, Microsoft Excel, etc.). If Microsoft Office products are not accessible, PDF file submission is also acceptable. Directions for creating PDF files are available on the http://www.grants.gov website. Use of file formats other than Microsoft Office or PDF may result in SAMHSA and the other reviewers inability to read the file. Applicants must submit all the information required in the RFA including any forms specific to the PATH application.

Grants.gov will generate an automatic acknowledgement that contains a tracking number after electronic submission of the application. It is important to retain this number and include it on the top right corner of the face page for any paper submission.

States and territories should submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. A paper submission is permissible as a back-up of the application (marked clearly as "back-up for electronic submission"). Any such paper submission must meet the due date for mail submissions. The paper submission must conform to all requirements for non-electronic submissions. If both electronic and back-up paper submissions meet the deadlines, the official submission is the electronic version.

It is a SAMHSA requirement that certain application documents have original signatures. These documents include the face page (SF 424) and any PATH agreements signed by the governor or his/her designee. Submit these documents and a hard copy of any other required documentation not submitted (or able to submit) electronically via mail within five business days of the electronic submission. Reference the Grants.gov tracking number from the application on these documents with original signatures.

Helpful Hints from Government Project Officers

Your GPO is willing and able to assist you at any point in the process, and strongly encourages you to ask questions. It is far easier to clarify in advance than to submit revisions during the review process. A listing of GPO state and territory assignments and individual contact information is available in Appendix D: Government Project Officers Information.

- The Annual PATH Application is not a competitive process at the Federal level. However, your state or territory may use a competitive process to select PATH providers.

After release of the RFA, it is available in the SPCRC on the PATH website (http://pathprogram.samhsa. gov). You may also access your state's application from the previous year in the SPCRC.

- Read the RFA carefully, as reporting requirements sometimes change from year to year.

- Follow instructions. Failure to use the recommended format, numbering, and order can delay review of your application.

- Keep responses as brief as possible, but fully address each question.

- Use headers and subsections in the application to make the review process easier and more effective for the reviewers.

- Providing information in the form of a table is encouraged for certain sections of the application, such as the executive summary. A table is easier to review than a narrative section.

- Update local providers regarding the current reporting format. Carefully review each site's IUP for accuracy, completeness, and adherence to the reporting format.

- Start the process of obtaining the governor's signature(s) early. If you are unable to obtain the signature before the deadline, you may submit an advance copy of your application to SAMHSA with a letter stating that form(s) to be signed by the governor are in the process of signature. Also, include in the letter the date on which you anticipate submission to SAMHSA. Your governor may also designate a department head to sign the agreement on his/her behalf. Submit the designation letter authorizing a department head to sign the application with the grant application. However, the letter is only good for one year unless the governor indicates in the letter that the authorization is valid until revoked or until the end of his/her term.

- Make sure to include information on how you obtained the number of individuals who are homeless with serious mental illnesses in your state or territory and the source you used to get the information.

- Make sure you include the assurance that non-Federal matching funds will be available at the beginning of the grant period. This requirement sounds simple, but it is often missing from the application. Only one or two sentences are necessary for the entire response.

- Submitting the forms online allows SAMHSA to receive them in a timely manner.

- It is worthwhile for SPCs to look at the narrated tutorial on how to complete a grant application package on Grants.gov. It is easier to submit the application online compared to hard copy submission.

Helpful Hints from State PATH Contacts

Plan ahead and start your application as soon as possible. It is possible to complete several tasks for the annual application before release of the RFA (for instance, state-level information for Section B). Several states schedule a training session or conference call with providers to prepare them for the RFA. If you are new to PATH administration, contact your State Office of Grants Management or Contracts to ensure that you follow the state-required contracting processes.

Review the application submitted last year in advance of the RFA. If you need a copy of that application, you may access the previous application on the "PATH Resources" page of the SPCRC on the PATH website (http://pathprogram.samhsa.gov).

- Try to get the governor's signature(s) as early as possible to avoid delays in submission. If you are unclear if a designation letter is on file, contact the Grants Management Officer at 1-240.276.1422.

- Make contact with your providers early in the process. Issuance of the RFA is to the states, not the providers, so the SPC is responsible for notifying them of the annual application requirements. Send the IUP requests to them as soon as possible.

- Require providers to submit their IUPs at least three weeks or so prior to when you actually need the documents. The IUPs are a part of your state's application for funding, so you will want to review and revise these documents carefully as needed in coordination with the local agency. For example, a provider requests a certain amount of PATH funding in the IUP and the SPC has to approve the request. If the SPC does not approve the amount initially requested, the local provider must amend the IUP and budget and resubmit it with the amount the SPC approves. Check to make sure the provider changed the amount of PATH funding requested in the IUP.

- Check for the following:
  - » correct Federal fiscal year (possibly different than the state fiscal year and the PATH program year)

  - » services provided are eligible under PATH and appropriate to the identified needs
  - » administrative costs fall within the 4 percent cap
  - » housing assistance, in the aggregate, consists of 20 percent or less of the total funding requested

- Consider including a question in the IUP regarding proposed outcomes.

- The information in the IUP needs to be consistent with the state section. For example, each organization in the IUPs projected number of clients served and the amount of funds received must match the figures reported in the state level information. Before submission of the application to SAMHSA, check the numbers to make sure they are the same.

- You must submit an IUP for each PATH-funded organization. If your state does not select the organizations to receive PATH funding before the PATH application is due, provide as much information as possible about the intended use of PATH funds. For example, if the same organizations funded in the prior year are the same organizations for the current year, but the state RFP process is not complete, you may submit information about the organizations from the prior year. Once the selection process is complete, submit a revised IUP to SAMHSA. Also, in Section B, indicate any changes in providers compared to the prior year and state the rationale for the changes.

- Carefully review the local budgets to account for their match (if required) and to indicate the match and Federal funds separately in their budgets. The budget for each provider requires accuracy and justification for each item requested. Again, make sure to leave enough time to check this information.

- Be flexible and supportive of provider needs and base the determination of funding or continuation of funding on those needs, as well as on service gaps in their geographical areas.

- Review your most recent PATH Site Visit report to address areas for improvement or accomplishments.

Reporting Requirements

Each provider receiving Federal PATH funds must submit an annual report via a password-protected online report, on the PATH website (http://pathprogram.samhsa.gov). The PATH Technical Assistance Center serves as a data coordinating center, providing data collection, analysis, and reporting for the PATH program.

In accordance with Federal PATH legislation, not later than January 31 of each fiscal year the state will prepare and submit to SAMHSA "an annual report in such form and containing such information as SAMHSA determines to be necessary for:

1. securing a record and a description of the purposes for which amounts received under section 521 of this title were expended during the preceding fiscal year and of the recipients of such amounts; and

2. determining whether such amounts were expended in accordance with the provisions of this part.

(b) AVAILABILITY TO PUBLIC OF REPORTS— SAMHSA may not make grant payments unless the state agrees to make copies of the reports available for public inspection."

Reporting Process

The web-based reporting tool for the annual report is available for forty-five days from mid-October or early-November through mid-December or the first week of January. Many states establish an early submission deadline for their providers to allow the SPC time to confirm and clean the data reports by the Federal deadline.

Step One:

Indicate the providers that are reporting:

A. Navigate to the "Manage Providers" page of the SPCRC (see Page 23 for additional information regarding the SPCRC).

B. In the "Reporting" column, click the checkbox for providers reporting.

C. In the "Active" column, click the checkbox for active providers. All providers reporting need to be checked as active. Providers that receive PATH funds but report under another agency need to be checked as active but not reporting.

D. If there are new providers, click "Add New Provider" on the top right of the table and enter the provider information.

Step Two:

The PATH Technical Assistance Center sends a copy of the Annual Report Provider Guide to the listserv. The SPCs immediately distribute the guide, and provide identification (ID) numbers and passwords to each provider along with any state-level instructions (such as the reporting period dates). Provider ID numbers do not change and are available on the "Manage Providers" page of the SPCRC. Distribute provider ID numbers and passwords individually to avoid providers accidently reporting under the wrong provider ID.

Step Three:

Support and monitor providers during the data entry process and request TA from the PATH Technical Assistance Center as needed.

Step Four:

Review provider submissions and address issues prior to the close of the data collection process.

Step Five:

Work with the PATH Technical Assistance Center staff to correct or clarify data.

The local PATH providers may enter PATH data online via completion of the following steps:

- start at the PATH website (http://pathprogram.samhsa.gov)
- click the "Data" tab on the home page
- click the "PATH Reporting" button
- enter the provider ID and password

The SPC may view the progress of report submission via completion of the following steps:

To see which providers validated their reports, navigate to the "Manage Providers" page of the SPCRC on the PATH website. In the "Report Validated" column checkboxes with the word "reopen," indicate validation of the reports.

To reopen a validated report, navigate to the "Manage Providers" page of the SPCRC and click "reopen" for the provider. This does not delete the data. Once reopened, the provider must validate the report again.

To review reports, navigate to the "PATH Data Reports" page of the SPCRC and select the desired provider from the drop down menu. The State Summary Report is available the fall after the entry of data.

PATH Data Report Clarifications

On the first page of the report, **make sure to list the contact information of the person filling out the report**. This person is not necessarily the PATH-funded staff or provider contact.

1. **In A1 of Table A**, list the total annual amount for services dedicated to persons who are homeless and have serious mental illness (including PATH, matching, and non-PATH funds).

2. **In A3 of Table A**, list matching funds from state, local, or other resources to support the provision of PATH services needs to include all match resources. **Do not include Federal PATH funds in this amount**.

3. **The values reported in A2 and A3** may not add up to A1 if there are other homeless services funds, in addition to PATH, also reported in A1.

4. **All questions in the C and D tables** of the report include only persons enrolled (**B3**). Answers in **Table C** must be no more than the number of persons enrolled (**B3**) and answers in **Table D** must add up to the number of persons enrolled (**B3**).

5. **Definitions of services** are available on the PATH website (http://pathprogram.samhsa.gov) and in the Annual Report Provider Guide.

6. **The Community Mental Health Services question (Cd)** in the Available Services section of the report needs to include the number of clients successfully linked to mental health services as a result of the PATH program, even if the mental health services are not PATH funded.

7. **To determine how to report the Service Type Code (i.e., 1–4) for community mental health services, use the following:**
(**1**) if the PATH worker's time on this activity is 100 percent PATH funded, then the service is 100 percent PATH funded and (**2**) if the PATH worker's time on this activity is not 100 percent PATH funded, then it is partially PATH funded.

8. **The Voluntary Outcome Measures (Ck1–Ck5)** are voluntary, but if providers do not report, they must click the "Not Reporting" box.

9. **The state level defines "short term-" (D7b)** and **"long term (D7c) shelter"**, but usually short term means thirty days or less and long term means more than thirty days.

10. **The report is not complete until validation.** Once validated, providers cannot make changes to the report, unless the SPC reopens it.

11. **After clicking "Validate" at the end of the report, a pop-up window will open if the program identifies any errors. Report validation will not occur without correction of all errors.**

Tools and Resources

Government Performance and Results Act Requirements

The following tools and resources are available prior to and throughout the process:

The PATH Annual Report Provider Guide in the SPCRC on the PATH website (http://pathprogram.samhsa.gov) provides instructions on how to access the report, clarification of the questions, tips on avoiding errors, definitions of terms, and information regarding whom to contact for questions.

- The PATH Technical Assistance Center staff is available to SPCs and PATH providers throughout the year and during the data collection process. If you have questions about the data collection process, contact the PATH Technical Assistance Center at path@samhsa.hhs.gov.

The SPCRC has links to the PATH Annual Report Provider Guide (including service definitions), a blank reporting form, and the description of possible errors document.

It is a requirement that all SAMHSA grantees must collect and report certain data to ensure that SAMHSA meets its obligations under the Government Performance and Results Act (GPRA) of 1993 (P.L. 103-62). The GPRA requires all Federal agencies to:

- develop strategic plans that specify what they will accomplish during a five-year period

- set performance targets annually related to their strategic plan

- report annually on the degree to which the previous year's targets were met

The law further requires agencies to link their performance to their budgets. Agencies must evaluate their programs regularly and use results of these evaluations to explain their successes and failures.

To meet these requirements, SAMHSA collects performance data from grantees to meet the GPRA targets. Grantees must report performance data to SAMHSA on a timely basis to ensure that results are available to support budgetary decisions.

PATH Performance Measures

Voluntary Outcome Measures

The current performance requirements under GPRA for PATH are to:

- increase the number of homeless persons contacted (Question B2a)

- increase the percentage of contacted eligible homeless persons with serious mental illness enrolled in services (Question B2b/(Question B2a–Question B2d))

- increase the percentage of enrolled homeless persons who receive community mental health services (Question C1d/Question B3)

- maintain the average Federal cost of enrolling a homeless person with serious mental illness in services (Federal Appropriation/Question B3)

To understand better the impact of the PATH program and respond to a performance based Congressional reporting environment, the PATH Annual Report Provider Guide added five (5) voluntary outcome measures. These voluntary outcome measures are in the PATH Annual Report Provider Guide in the SPCRC on the PATH website (http://pathprogram.samhsa.gov). The PATH program encourages providers to report these optional voluntary measures. However, completing these measures is not a requirement for compliance with the Federal PATH legislation. Although there is no indication that a change is imminent, consider exploring if and how providers currently collect any of these data elements. The PATH Technical Assistance Center will continue to provide SPCs with current information related to these efforts.

Homeless Management Information System

Helpful Hints from State PATH Contacts

A Homeless Management Information System (HMIS) is a locally administered, electronic data collection system that stores person level information and episodes of care for persons who access the HUD-funded homeless service system. The HMIS is HUD's response to a Congressional directive to collect better data on homelessness.

In December 2009, HUD's Office of Special Needs Assistance Programs (SNAPS) and SAMHSA announced that collaboration efforts between the agencies resulted in aligning client-level data collection and reporting for street outreach programs. In the case of SAMHSA's PATH program, the agencies' collaboration efforts will focus on a multi-level approach to include intensive TA and training activities to facilitate utilization of HMIS over the next several years.

In addition to utilizing the HMIS Data Standards as the foundation for client-level data collection, the agencies agreed to align reporting requirements by establishing common outputs and performance outcomes. This standardized data collection and reporting will reduce the reporting burden for organizations that receive both HUD and HHS funds to operate outreach programs and will enable consistent reporting to Congress and the Office of Management and Budget (OMB) on outreach programs across the two Federal agencies.

The common outputs include counts of persons contacted, number of times persons contacted, number of persons engaged, and engagement rate. The establishment of common performance outcomes will assess the effectiveness of street outreach programs and measure housing stability and access to mental health services, substance abuse services, primary health care, and health insurance.

Beginning in 2011, SAMHSA will provide intensive TA and training activities for PATH programs on client-level data collection and reporting and alignment with HMIS. In 2011, HHS will seek approval for a revised annual report to include HMIS data.

- Attend any PATH Technical Assistance Center reporting webcasts offered on data collection and reporting, and request additional TA if you have questions.

  » Work with your local HUD Continuum of Care to access the HMIS in your community.
  » Collect data required in Tables A through D from PATH providers quarterly or every six months. This way, you monitor progress toward achieving projected outcomes and work out any of the "bugs" before submitting data online.

- Regularly update your provider contact information in the SPCRC and indicate which providers are active and reporting.

  » Set up training with providers to review the reporting process upon receipt of the Annual Report Provider Guide and instructions from the PATH Technical Assistance Center.
  » Make sure to specify the due date when you send out the PATH Annual Report Provider Guide, IDs, and passwords. If you had problems with particular providers in the past, follow-up with a phone call to make sure they are timely. The PATH Technical Assistance Center sets a deadline of forty-five days for providers to enter the data and an additional two weeks for SPCs to review the data. The SPCs may change the suggested deadline if necessary (i.e., if providers are on a January to December reporting schedule). Set a due date of three weeks prior to the required due date of January 31 to allow yourself time to review the reports and follow-up with providers not yet reporting. Submission to Samhsa of a list of providers not in compliance with the January 31 deadline takes place on February 1.
  » Data collection falls across several Federal holidays; remind providers of this fact when you send out instructions and reminders to providers.
  » Confirm the reporting dates with providers prior to the start of reporting.
  » Some states also require an annual report summary and copies of client success stories, in addition to the online data report. This is not a Federal requirement.
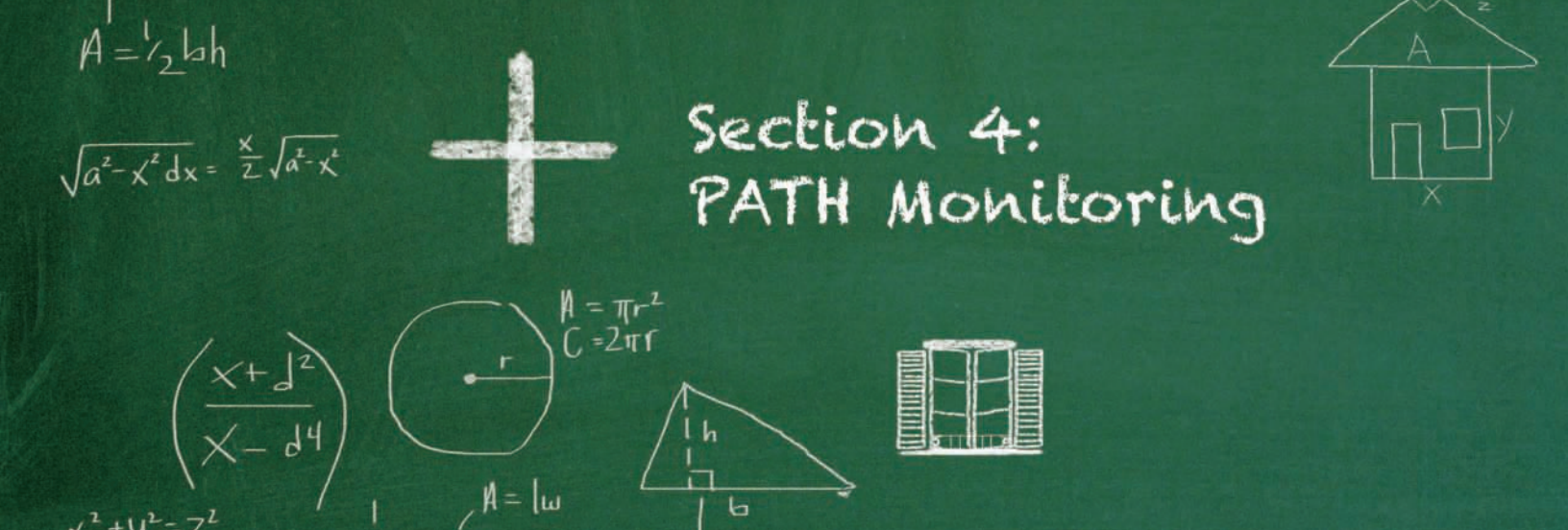
Monitoring PATH Providers

Monitoring the performance of PATH providers is an important component of effective program management. The PATH monitoring process generally includes:

- conducting an assessment of the providers' performance in delivering services as outlined in their approved IUPs

- achieving targeted outcomes

- using funding as approved in the providers' budgets

Monitoring strategies include collecting and reviewing quarterly and annual reports, holding periodic meetings with PATH providers, reviewing client records and satisfaction surveys, and conducting site visits.

Client Records

All PATH-funded providers must maintain a client file, which includes an intake form, a service plan, and progress notes for all consumers enrolled and served with PATH funds. The intake form must contain information to determine eligibility for PATH services, such as living situation and disability, and obtain data needed for quarterly and annual progress reports. See Appendix E: Sample PATH Intake Form for an example.

A service plan is a requirement for all PATH enrolled clients. The service plan includes the following:

- goals to obtain community mental health services for the PATH eligible client, which includes reviewing the plan not less than once every three months

- goals that describe assistance provision in obtaining and coordinating needed services for the eligible PATH consumer, including services relating to shelter, daily living activities, personal and benefits planning, transportation, habilitation and rehabilitation services, prevocational and employment services, and permanent housing

- goals that describe assistance provision to PATH eligible consumers in obtaining income and income support services, including housing assistance, food stamps, and supplemental security income

- goals that describe the referral process to other appropriate services

The definition of an enrolled PATH consumer is a person: (1) who is homeless or at imminent risk of homelessness and has a serious mental illness and/or co-occurring substance use disorder; (2) who receives services supported in some measure with Federal PATH funds; and (3) who has a clinical or other formal record, indicating formal enrollment. See the AWG "National Definitions of PATH Eligibility and PATH Enrollment" in the SPCRC (http://pathprogram.samhsa.gov).

Site Visits

The PATH program recommends annual site visits to monitor the provider and to talk to consumers. A Site Visit Team consists of the SPC and possibly the following:

- fiscal contact (optional)

- state quality assurance (optional)

- other PATH provider(s) (optional)

- other team members (as desired), including mental health liaison staff, regional or county representatives, and consumer advocates

Prior to the site visit, SPC activities include:

- schedule site visit with provider

- describe purpose of site visit

- send confirmation letter and PATH monitoring tool four weeks prior to site visit

- ask providers to answer pre-site visit questions and return monitoring tool forms for review within two weeks of site visit

- ask providers to arrange for on-site interviews with stakeholders, including consumers

- send interview questions to provider prior to site visit

During the site visit, SPC activities include:

- meet with PATH provider administration to discuss the site visit plan, content of monitoring tool, follow-up on any questions/concerns identified in review of pre-site visit responses

- meet with PATH staff and interview them

- interview associated agencies or tour their facilities, if possible

- accompany PATH staff in conducting outreach services

Site Visit Recommendations

- interview consumers

- review the following documents:

    » personnel and staffing, including cultural competency requirements
    » agency policy and procedures, including compliance with the Health Insurance Portability and Accountability Act (HIPAA)
    » IUPs to determine whether provision of PATH eligible services is according to approved application or IUP
    » intake forms that document consumers eligibility for the program
    » service plans
    » progress notes
    » fiscal management and records
    » consumer involvement documentation
    » client satisfaction surveys
    » consumer interviews, success stories, etc.

- debrief with the site visit team and discuss training and TA needs

- provide informal feedback to the provider at the end of the site visit

After the site visit is complete, SPC activities include:

- prepare draft report

- share draft report with other reviewers

- share draft report with PATH provider

- issue final report

The Appendix contains examples of a PATH monitoring tool and client satisfaction survey (see Appendix F: Sample PATH Monitoring Tool and Appendix G: Sample Client Satisfaction Survey). These tools are guides that will require adjustment depending on the needs of the individual state or territory.

Cities with a large number of providers will take more time. For example, schedule six hours for a visit to a small rural provider and two days for a large urban provider.

- Take the provider's application and data reports to the site visit.

- If providers have performance targets, assess how the providers track the targets. Check the accuracy of reporting and monitor progress toward meeting the target.

- In some states, the state PATH program contracts with a local administrative entity and the local entity subcontracts with a nonprofit agency. It is possible that the local administrative entity will also conduct sites visits, as well. Coordinate SPC visits with the local administrative entity.

Federal Monitoring of States and Territories

The CMHS provides oversight of the PATH program. From 1999 to 2009, CMHS conducted fifty-five visits to PATH programs in the states and territories. Members of the site visit team may include the assigned GPO for the state or territory in the Homeless Programs Branch of CMHS along with other reviewers. The SPC will receive notification well in advance of the national site visit. The SPC coordinates access to state officials, providers, and documentation as requested. The PATH Technical Assistance Center provides a Statewide PATH Data Report to the reviewers in preparation for the national site visit.

Helpful Hints from State PATH Contacts

Work collaboratively with the site visit team and provide as much information upfront as possible. Allowing them to review needed information before the on-site visit gives you the opportunity to have everything prepared before they arrive.

- Help provider agencies prepare for the site team visit.

- Be proactive. Collaborating with and monitoring providers consistently will make the on-site visit easier.

- Provide a short summary of grant requirements for each provider.

- Have providers submit quarterly reports with budget and activity information. A sample quarterly report is included in Appendix H: Sample Quarterly Reporting Form.

- Conduct annual site visits with providers in the summer or early fall if possible. Assess outreach activities and conduct interviews with consumers as part of the review.

- Foster relationships with providers through regular communications and meetings.

- Provide in-service training or TA for providers and invite them to local and state trainings to enhance their knowledge and skills (e.g., Motivational Interviewing).

- Cultivate collaboration and coordination among the providers to ensure continuity of care.

- Send providers relevant information to assist them in keeping up-to-date on pertinent information.
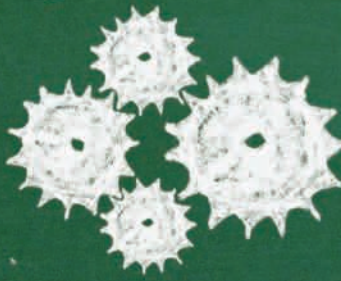
Overview

Technical Assistance and training is often necessary to support SPCs and providers of PATH services in implementing the PATH program, and is available within each state and territory. Provision of TA and training takes place through two main mechanisms: (1) the State PATH Contacts and (2) the National PATH Technical Assistance Center.

Technical Assistance: State PATH Contacts

As part of their overall responsibilities, the SPCs provide TA and training to providers in their states and territories. This TA may include help with preparing quarterly and annual reports, writing IUPs, administering the PATH program locally, and providing training for new and existing PATH providers. The SPCs should consider developing and distributing a program manual for PATH providers.

To enhance knowledge and skills, SPCs should make training opportunities available for PATH providers. Trainings may include such topics as an orientation to the PATH program, SSI/SSDI Outreach, Access and Recovery (SOAR), Motivational Interviewing, Cultural Competency, and HMIS.

Technical Assistance:
National PATH Technical
Assistance Center

The National PATH Technical Assistance Center assists SAMHSA in providing support and TA to the fifty-six state and territorial PATH grantees, as well the almost 600 local providers. It provides services on-site, via telephone or e-mail, and through the PATH website (http://pathprogram.samhsa.gov).

On-Site

The PATH Technical Assistance Center solicits requests for on-site TA from the SPCs annually. The SPC identifies TA needs and submits an application, which the PATH Director, GPOs, and the PATH Technical Assistance Center review. Applicants selected for on-site TA collaborate with the PATH Technical Assistance Center in planning the on-site TA. Examples of on-site TA include one-day trainings with PATH providers on data collection and reporting, outreach, or accessing housing.

Telephone and E-mail

The PATH Technical Assistance Center is available via telephone and e-mail as needed at 617.467.6014 or path@samhsa.hhs.gov.

PATH Listservs

The PATH Technical Assistance Center sends information regarding upcoming events, application timelines, and other pertinent information via listserv. One listserv is specifically for all PATH providers and another listserv is for the SPCs.

Mentoring Program

New SPCs may request a mentor to assist them in acclimating to their role. Seasoned SPCs match with a new SPC to provide peer support and mentoring. The PATH Technical Assistance Center facilitates the match and fosters communication between mentors and mentees.

PATH Website

The PATH website (http://pathprogram.samhsa.gov) is a major tool in facilitating communication and resource exchange among the PATH community, other homeless service providers, and interested stakeholders. The PATH website is a hosted site on the Homelessness Resource Network (HRN) and uses innovative web 2.0 features such as commenting, rating, and social networking. As a hosted site, the PATH website takes advantage of existing functionality and user base while maintaining its own unique brand, a separate URL, and custom functionality. Each hosted site on the HRN (the Homelessness Resource Center, the Canadian Homeless Hub, and the Co-Occurring Homeless Activities Branch) may access the same repository of homelessness content to populate its own website. For example, both PATH and the Canadian Homeless Hub may highlight the same content on their home pages.

The PATH website contains information about best practices, grantee characteristics, and personal perspectives. Users can search the digital library to find helpful resources including manuals, research articles, reports, and tools. The library houses over 8,000 resources related to homelessness services. Information regarding upcoming conferences, trainings, and webcasts hosted by PATH and other hosted sites is also available.

State PATH Contact Resource Center:

The PATH website hosts a private area, the State PATH Contact Resource Center (SPCRC), for the SPCs to share information and documents. In the SPCRC, the SPC can:

- update provider information

- view past PATH reports and state summaries

- find reporting instructions, application instructions, and notes from previous PATH conference calls

- discuss PATH-related issues in the general forum (open to the public) or the private PATH forum (only visible to SPCs)

Section 6:
PATH Networking
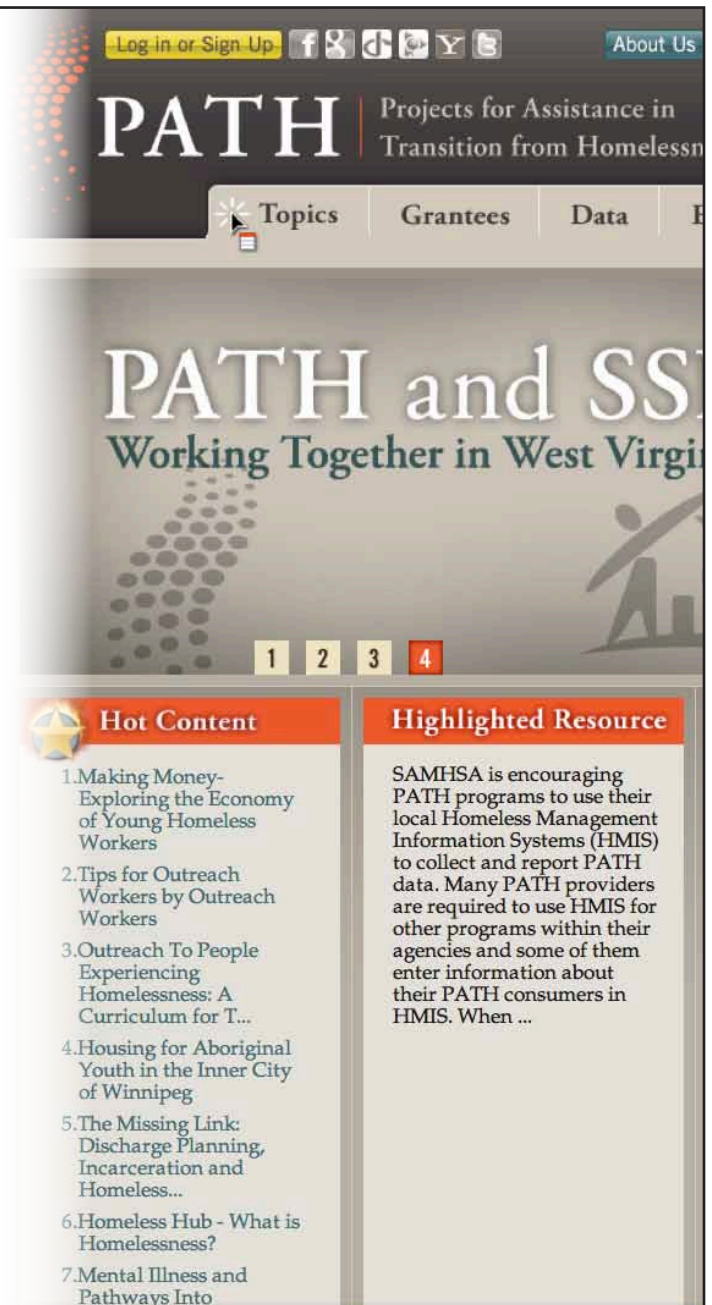
Networking provides opportunities for SPCs to share information and knowledge about PATH practices through a peer-to-peer learning environment. Through networking, SPCs meet each other, exchange ideas, share information regarding best practices, offer TA, develop policies, and strategize ways to work together to impact the delivery of PATH services positively. Venues available for SPCs to network include the PATH website, the All Grantees Biennial Meeting, and the National PATH Workgroups.

PATH Website

All Grantees Biennial Meeting

An important goal of the national PATH program is to connect PATH providers and SPCs with each other. The PATH website contains a map with the PATH programs identified by state. For any given state, the website lists the SPC with contact information. Individual PATH provider information is also available. This tool helps providers and consumers access PATH programs. The SPCs update their contact information and the providers' information via an e-mail to the PATH Technical Assistance Center at path@samhsa.hhs.gov.

Anyone can register as a PATH member at any time. Simply visit the home page and click on "Log In or Sign Up" at the top of the screen. All SPCs can create a personal profile and connect with other SPCs, PATH providers, and other PATH members.

Note: SPCs need to notify the PATH Technical Assistance Center of their user ID to link to the SPCRC.

A major networking event is the All Grantee Biennial Meeting, held every other year on even numbered years, (e.g., 2010, 2012, etc.). The meeting usually convenes in the fall of the year in the Washington, D.C. area. The national PATH program expects SPCs to attend and pays for all travel expenses. Representatives from Guam, American Samoa, the Northern Mariana Islands, the Virgin Islands, Hawaii, and Alaska may arrive early to allow for extended travel.

The purpose of the All Grantees Biennial Meeting is to promote messaging and a common understanding of SAMHSA's priorities for the PATH program, promote greater understanding of the PATH legislation and data collection and reporting and provide updates on the PATH application and Annual PATH Report. Innovative strategies of evidence-based practices and collaborations between PATH grantees and other Federal, state, and local partnerships are showcased. An SPC planning group develops the meeting agenda with the PATH Director and the PATH Technical Assistance Center. The SPCs receive information regarding the meeting via the PATH listserv and through the SPCRC.

The main topics covered during the two and a half day meeting may include:

- updates from SAMHSA and the PATH program
- state and territory updates
- PATH administration update with roles and responsibilities of SPCs and sharing of new ideas with discussions
- data collection and reporting
- PATH TA activities and application processes
- policy and Federal updates from advocacy and national organizations
- breakout sessions on current issues

National PATH Workgroups

PATH national workgroups focus concentrated work in an area of interest to SPCs and/or the PATH Director. Workgroups consist of SPCs, GPOs, and staff from the PATH Technical Assistance Center. Based on the workgroup's recommendations, the program encourages and invites additional stakeholders and consumer representatives. Send suggestions for topics for the workgroups to address to the PATH Technical Assistance Center at path@samhsa.hhs.gov.

Administrative Workgroup

The Administrative Workgroup (AWG) is a long-standing workgroup that addresses issues related to the administration of the PATH grant. The AWG brings together SPCs interested in working to support the national program and providing guidance and input to the PATH Director and the PATH Technical Assistance Center. Historically, projects included the development of the State PATH Contacts Welcome Manual, definitions of PATH services that are consistent with HMIS definitions, PATH Service Definitions, PATH Site Monitoring Recommendations, and Voluntary Performance Goals. In 2009, the AWG refined PATH definitions for eligibility and enrollment, which is essential to increasing the quality of the data reporting system.

PATH Consumer Provider Network

Involving consumers and obtaining their input on PATH activities is essential to the success of the PATH program. The PATH Consumer Provider Network (PCPN) began in January 2008. The PCPN is the first national network of PATH providers who are former consumers of mental health and homeless services. The mission of PCPN is to ensure that consumers have a voice and involvement in the planning, design, and delivery of PATH at the local, state, and national levels. The PCPN serves the PATH program in an advisory capacity and assists with developing training and resource materials.

Data Advisory Committee

The Data Advisory Committee began in November 2008. Comprised of volunteer SPC members with varying degrees of experience with the PATH program, the committee members represent diverse states. The mission of the Data Advisory Committee is to provide guidance about questions, formats, consumer confidentiality, and implementation of new PATH data standards. This group focuses on identifying appropriate data and collection elements that will accurately reflect the work of PATH providers.

U.S. Department of Housing and Urban Development Continuum of Care

The PATH program encourages SPCs to establish relationships with the state and/or local Continuums of Care Planning Committees. In 1994, the U.S. Department of Housing and Urban Development (HUD) launched the Continuum of Care concept to help communities across America solve the challenges of homelessness with a coordinated and comprehensive strategic approach. The Continuum of Care process involves a broad array of stakeholders, including state and local government agencies, public housing agencies, nonprofit providers, foundations, schools, businesses, and homeless and formerly homeless persons. Because HUD awards all competitive homeless assistance program funding to Continuums of Care, it is important for SPCs and PATH providers to participate in this planning process.

There are three competitive homeless assistance grant programs HUD administers that provide targeted assistance:

- The Supportive Housing Program develops housing and supportive services for people transitioning from homelessness to independent living.

- The Shelter Plus Care Program provides rental assistance through a variety of permanent housing choices, matched with supportive services (e.g., mental health and substance use treatment).

- The Emergency Shelter Grants (ESG) Program provides funds to prevent homelessness and to help improve the quality of existing emergency and transitional shelters.

Section 7:
Resources
= Ending Homelessness
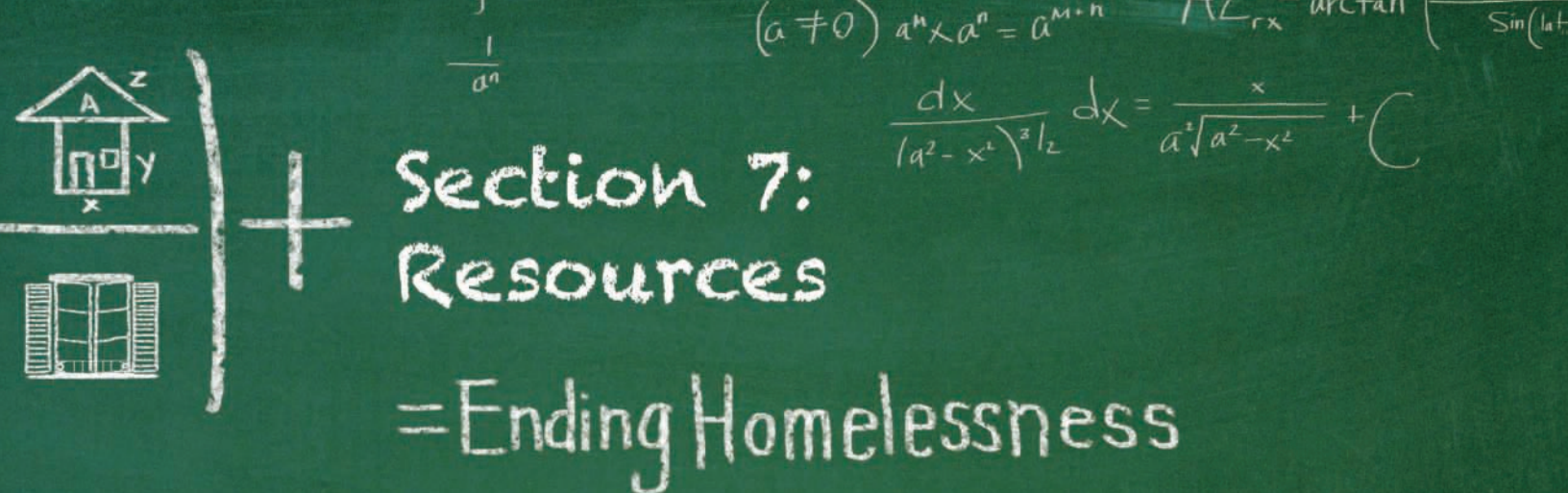
Many resources are available to assist spcs in their work. Below is a list of relevant resources.

SSI/SSDI Outreach, Access, and Recovery Technical Assistance Center

Supplemental Security Income (ssi) and Social Security Disability Insurance (ssdi) provide access to housing, treatment, and other supports. Based on samhsa's Stepping Stones to Recovery (http://www.prainc.com/soar/training/manual.asp), the ssi/ssdi Outreach, Access, and Recovery (soar) ta Center helps states and communities increase access to ssi/ssdi through collaboration, strategic planning, training, and ta. Information about the soar ta Center is available at http://www.prainc.com/soar/.

PATH Resource Pages

The path Technical Assistance Center developed Resource Pages in response to input from spcs. Resource Pages are a compilation of websites, reports, and information related to a specific topic area within the field of homelessness. Resource Pages are available on the path website (http//pathprogram.samhsa.gov) under the "Topics" tab.

Websites

SAMHSA's Homelessness Resource Center

Targeted toward providers who work with people who are homeless, the website (http://homeless.samhsa.gov) shares state-of-the art knowledge, evidence-based practices, and practical resources. The website provides an interactive learning community for researchers, providers, consumers, and government agencies at all levels. It is an easy-to-manage resource with content that informs, features that engage, and training that is useful. These elements come together to promote recovery-oriented and consumer-centered homeless services.

Homelessness Resource Exchange.

The hud Homelessness Resource Exchange (http://www.hudhre.info) is a one-stop shop for information and resources for providers assisting persons who are homeless or at risk of homelessness. Program guidance and regulations, ta and training resources, research and publications, and more are available for Federal agencies, state and local government agencies, Continuum of Care organizations, homeless service providers, ta providers, persons experiencing homelessness, and other stakeholders. Information about hmis is available on this website.

Services in Supportive Housing Technical Assistance Center.

The samhsa Services in Supportive Housing (ssh) ta Center (http://homeless.samhsa.gov/Organization/Services-in-Supportive-Housing-41.aspx) provides support and ta to ssh grantees funded by cmhs in samhsa. The fifty-seven grantees provide services to people who are chronically homeless with serious psychiatric conditions and/or those with co-occurring mental illness and substance use disorders that live in permanent supportive housing. The ssh ta Center supports peer-to-peer knowledge exchange and the dissemination of best practices to the field.
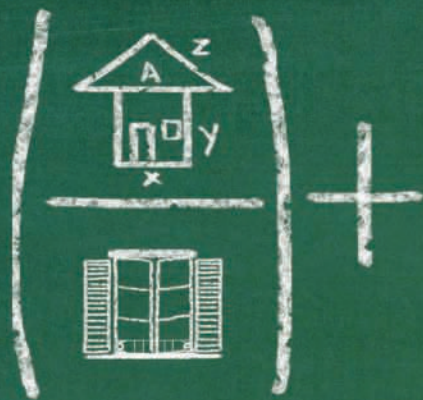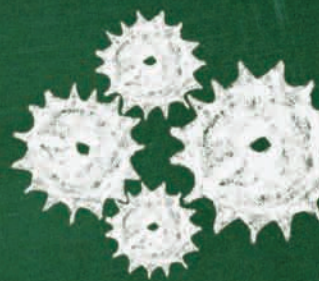
PUBLIC HEALTH SERVICE ACT

Part C—Projects for Assistance in
Transition from Homelessness

Sec. 521 FORMULA GRANTS TO STATES

For the purpose of carrying out section 522 of this title, the Secretary, acting through the Director of the Center for Mental Health Services, shall for each of the fiscal years 1991 through 1994 make an allotment for each State in an amount determined in accordance with section 524 of this title. The Secretary shall make payments, as grants, each such fiscal year to each State from the allotment for the State if the Secretary approves for the Fiscal year involved an application submitted by the State pursuant to section 529 of this title.

Sec. 522 PURPOSE OF GRANTS

(a) IN GENERAL—The Secretary may not make payments under section 521 of this title unless the State involved agrees that the payments will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations), for the purpose of providing the services specified in subsection (b) of this section to individuals who-

      (1)   (A) are suffering from serious mental illness; or

          (B) are suffering from serious mental illness and from substance abuse; and

      (2) are homeless or at imminent risk of becoming homeless.

(b) SPECIFICATION OF SERVICES—The services referred to in subsection (a) of this section are

      (1) outreach services;

      (2) screening and diagnostic treatment services;

      (3) habilitation and rehabilitation services;

      (4) community mental health services;

      (5) alcohol or drug treatment services;

      (6) staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;

      (7) case management services, including -

          (A) preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;

          (B) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services,

prevocational and vocational services, and housing services;

(C) providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;

(D) referring the eligible homeless individual for such other services as may be appropriate; and

(E) providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act (42 U.S.C. 1383(a)(2)) if the eligible homeless individual is receiving aid under title XVI of such act (42 U.S.C. 1381 et seq.) and if the applicant is designated by the Secretary to provide such services;

(8) supportive and supervisory services in residential settings;

(9) referrals for primary health services, job training, educational services, and relevant housing services;

(10) subject to subsection (h)(1) of this section -

(A) minor renovation, expansion, and repair of housing;

(B) planning of housing;

(C) technical assistance in applying for housing assistance;

(D) improving the coordination of housing services;

(E) security deposits;

(F) the costs associated with matching eligible homeless individuals with appropriate housing situations; and

(G) 1-time rental payments to prevent eviction; and

(11) other appropriate services, as determined by the Secretary.

(c) COORDINATION—The Secretary may not make

payments under section 290cc-21 of this title unless the State involved agrees to make grants pursuant to subsection (a) of this section only to entities that have the capacity to provide, directly or through arrangements, the services specified in subsection (b) of this section, including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from substance abuse.

(d) SPECIAL CONSIDERATION REGARDING VETERANS—The Secretary may not make payments under section 521 of this title unless the State involved agrees that, in making grants to entities pursuant to subsection (a) of this section, the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

(e) SPECIAL RULES—The Secretary may not make payments under section 521 of this title unless the State involved agrees that grants pursuant to subsection (a) of this section will not be made to any entity that -

(1) has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse; or

(2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

(f) ADMINISTRATIVE EXPENSES—The Secretary may not make payments under section 521 of this title unless the State involved agrees that not more than 4 percent of the payments will be expended for administrative expenses regarding the payments.

(g) MAINTENANCE OF EFFORT—The Secretary may not make payments under section 290cc-21 of this title unless the State involved agrees that the State will maintain State expenditures for services specified in subsection (b) of this section at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

(h) RESTRICTIONS ON USE OF FUNDS—The Secretary may not make payments under section 521

of this title unless the State involved agrees that -

(1) not more than 20 percent of the payments will be expended for housing services under subsection (b)(10) of this section; and

(2) the payments will not be expended -

(A) to support emergency shelters or construction of housing facilities;

(B) for inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or

(C) to make cash payments to intended recipients of mental health or substance abuse services.

(i) WAIVER FOR TERRITORIES—With respect to the United States Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands, the Secretary may waive the provisions of this part that the Secretary determines to be appropriate.

Sec. 523 REQUIREMENT OF MATCHING FUNDS

(a) IN GENERAL—The Secretary may not make payments under section 521 of this title unless, with respect to the costs of providing services pursuant to section 522 of this title, the State involved agrees to make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than $1 for each $3 of Federal funds provided in such payments.

(b) DETERMINATION OF AMOUNT—Non-Federal contributions required in subsection (a) of this section may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, shall not be included in determining the amount of such non-Federal contributions.

(c) LIMITATION REGARDING GRANTS BY STATES—The Secretary may not make payments under section 521 of this title unless the State involved agrees that the State will not require the entities to which grants are

provided pursuant to section 522(a) of this title to provide non-Federal contributions in excess of the non-Federal contributions described in subsection (a) of this section.

Sec. 524 DETERMINATION OF AMOUNT OF ALLOTMENT

(a) MINIMUM ALLOTMENT—The allotment for a State under section 521 of this title for a fiscal year shall be the greater of -

(1) $300,000 for each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, and $50,000 for each of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands; and

(2) an amount determined in accordance with subsection (b) of this section.

(b) DETERMINATION UNDER FORMULA— The amount referred to in subsection (a) (2) of this section is the product of-

(1) an amount equal to the amount appropriated under section 1935(a) of this title for the fiscal year; and

(2) a percentage equal to the quotient of-

(A) an amount equal to the population living in urbanized areas of the State involved, as indicated by the most recent data collected by the Bureau of the Census; and

(B) an amount equal to the population living in urbanized areas of the United States, as indicated by the sum of the respective amounts determined for the States under subparagraph (a).

Sec. 525 CONVERSION TO CATEGORICAL PROGRAM IN EVENT OF FAILURE OF STATE REGARDING EXPENDITURE OF GRANTS

(a) IN GENERAL -- Subject to subsection (c) of this section, the Secretary shall, from the amounts specified in subsection (b) of this section, make grants to public and nonprofit private entities for the purpose of providing to eligible homeless individuals the services specified in section 522(b) of this title.

(b) SPECIFICATION OF FUNDS—The amounts referred to in subsection (a) of this section are any amounts made available in appropriations Acts for allotments under section 521 of this title that are not paid to a State as a result of -

(A) the failure of the State to submit an application under section 529 of this title;

(B) the failure of the State, in the determination of the Secretary, to prepare the application in accordance with such section or to submit the application within a reasonable period of time; or

(C) the State informing the Secretary that the State does not intend to expend the full amount of the allotment made to the State.

(c) REQUIREMENT OF PROVISION OF SERVICES IN STATE INVOLVED—With respect to grants under subsection (a) of this section, amounts made available under subsection (b) of this section as a result of the State involved shall be available only for grants to provide services in such State.

Sec. 526 PROVISION OF CERTAIN INFORMATION FROM STATE

The Secretary may not make payments under section 521 of this title to a State unless, as part of the application required in section 529 of this title, the State submits to the Secretary a statement-

(1) identifying existing programs providing services and housing to eligible homeless individuals and identify gaps in the delivery systems of such programs;

(2) containing a plan for providing services and housing to eligible homeless individuals, which plan -

(A) describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and

(B) includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;

(3) describes the source of the non-Federal contributions described in section 523 of this title;

(4) contains assurances that the non-Federal contributions described in section 523 of this title will be available at the beginning of the grant period;

(5) describe any voucher system that may be used to carry out this part; and

(6) contain such other information or assurances as the Secretary may reasonably require.

Sec. 527 DESCRIPTION OF INTENDED EXPENDITURES OF GRANT

(a) IN GENERAL—The Secretary may not make payments under section 521 of this title unless -

(1) as part of the application required in section 529 of this title, the State involved submits to the Secretary a description of the intended use for the fiscal year of the amounts for which the State is applying pursuant to such section;

(2) such description identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located;

(3) such description provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities; and

(4) the State agrees that such description will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to section 522 of this title.

(b) OPPORTUNITY FOR PUBLIC COMMENT—The Secretary may not make payments under section 521 of this title unless the State involved agrees that, in developing and carrying out the description required in subsection (a) of this section, the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested persons, such as family members, consumers, and mental health, substance abuse,

and housing agencies, an opportunity to present comments and recommendations with respect to the description.

(c) RELATIONSHIP TO STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN

(1) IN GENERAL—The Secretary may not make payments under section 521 of this title unless the services to be provided pursuant to the description required in subsection (a) of this section are consistent with the State comprehensive mental health services plan required in subpart 2 [1] of part B of subchapter XVII of this chapter.

(2) SPECIAL RULE—The Secretary may not make payments under section 521 of this title unless the services to be provided pursuant to the description required in subsection (a) of this section have been considered in the preparation of, have been included in, and are consistent with, the State comprehensive mental health services plan referred to in paragraph (1).

Sec. 528 REQUIREMENT OF REPORTS BY STATES

(a) IN GENERAL—The Secretary may not make payments under section 521 of this title unless the State involved agrees that, by not later than January 31 of each fiscal year, the State will prepare and submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the Administrator of the Substance Abuse and Mental Health Services Administration) to be necessary for -

(1) securing a record and a description of the purposes for which amounts received under section 521 of this title were expended during the preceding fiscal year and of the recipients of such amounts; and

(2) determining whether such amounts were expended in accordance with the provisions of this part.

(b) AVAILABILITY TO PUBLIC OF REPORTS— The Secretary may not make payments under section 521 of this title unless the State involved agrees to make copies of the reports described in subsection (a) of this section available for public inspection.

(c) EVALUATIONS—The Administrator of the Substance Abuse and Mental Health Services Administration shall evaluate at least once every 3 years the expenditures of grants under this part by eligible entities in order to ensure that expenditures are consistent with the provisions of this part, and shall include in such evaluation recommendations regarding changes needed in program design or operations.

Sec. 529 REQUIREMENT OF APPLICATION

The Secretary may not make payments under section 521 of this title unless the State involved-

(1) submits to the Secretary an application for the payments containing agreements and information in accordance with this part;

(2) the agreements are made through certification from the chief executive officer of the State; and

(3) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this part.

Sec. 530 TECHNICAL ASSISTANCE

The Secretary, through the agencies of the Administration, shall provide technical assistance to eligible entities in developing planning and operating programs in accordance with the provisions of this part.

Sec. 531 FAILURE TO COMPLY WITH AGREEMENTS

(a) REPAYMENT OF PAYMENTS—

(1) The Secretary may, subject to subsection (c) of this section, require a State to repay any payments received by the State under section 521of this title that the Secretary determines were not expended by the State in accordance with the agreements required to be contained in the application submitted by the State pursuant to section 529 of this title.

(2) If a State fails to make a repayment required in paragraph (1), the Secretary may offset the amount of the repayment against the amount of any payment due to be paid to the State under section 521 of this title.

(b) WITHHOLDING OF PAYMENTS—

(1) The Secretary may, subject to subsection (c)

of this section, withhold payments due under section 521 of this title if the Secretary determines that the State involved is not expending amounts received under such section in accordance with the agreements required to be contained in the application submitted by the State pursuant to section 529 of this title.

(2) The Secretary shall cease withholding payments from a State under paragraph (1) if the Secretary determines that there are reasonable assurances that the State will expend amounts received under section 290cc-21 of this title in accordance with the agreements referred to in such paragraph.

(3) The Secretary may not withhold funds under paragraph (1) from a State for a minor failure to comply with the agreements referred to in such paragraph.

(c) OPPORTUNITY FOR HEARING—Before requiring repayment of payments under subsection (a)(1) of this section, or withholding payments under subsection (b)(1) of this section, the Secretary shall provide to the State an opportunity for a hearing.

(d) RULE OF CONSTRUCTION—Notwithstanding any other provision of this part, a State receiving payments under section 521 of this title may not, with respect to any agreements required to be contained in the application submitted under section 529 of this title, be considered to be in violation of any such agreements by reason of the fact that the State, in the regular course of providing services under section 522(b) of this title to eligible homeless individuals, incidentally provides services to homeless individuals who are not eligible homeless individuals.

Sec. 532 PROHIBITION AGAINST CERTAIN FALSE STATEMENTS

(a) IN GENERAL—

(1) A person may not knowingly make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which amounts may be paid by a State from payments received by the State under section 521 of this title.

(2) A person with knowledge of the occurrence of any event affecting the right of the person to receive

any amounts from payments made to the State under section 2900cc-21 of this title may not conceal or fail to disclose any such event with the intent of securing such an amount that the person is not authorized to receive or securing such an amount in an amount greater than the amount the person is authorized to receive.

(b) CRIMINAL PENALTY FOR VIOLATION OF PROHIBITION—Any person who violates a prohibition established in subsection (a) of this section may for each violation be fined in accordance with title 18 or imprisoned for not more than 5 years, or both.

Sec. 533 NONDISCRIMINATION

(a) IN GENERAL—

(1) RULE OF CONSTRUCTION REGARDING CERTAIN CIVIL RIGHTS LAWS -- For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), on the basis of handicap under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), on the basis of sex under title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), or on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), programs and activities funded in whole or in part with funds made available under section 290cc-21 of this title shall be considered to be programs and activities receiving Federal financial assistance.

(2) PROHIBITION—No person shall on the ground of sex or religion be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under section 521 of this title.

(b) ENFORCEMENT—

(1) REFERRALS TO ATTORNEY GENERAL AFTER NOTICE—Whenever the Secretary finds that a State, or an entity that has received a payment pursuant to section 521 of this title, has failed to comply with a provision of law referred to in subsection (a)(1) of this section, with subsection (a)(2) of this section, or with an applicable regulation (including one prescribed to carry out subsection (a)(2) of this section), the Secretary

shall notify the chief executive officer of the State and shall request the chief executive officer to secure compliance. If within a reasonable period of time, not to exceed 60 days, the chief executive officer fails or refuses to secure compliance, the Secretary may -

(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;

(B) exercise the powers and functions provided by the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), or title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), as may be applicable; or

(C) take such other actions as may be authorized by law.

(2) AUTHORITY OF ATTORNEY GENERAL—When a matter is referred to the Attorney General pursuant to paragraph (1)(A), or whenever the Attorney General has reason to believe that a State or an entity is engaged in a pattern or practice in violation of a provision of law referred to in subsection (a)(1) of this section or in violation of subsection (a)(2) of this section, the Attorney General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

Sec. 534 DEFINITIONS

For purposes of this part:

(1) ELIGIBLE HOMELESS INDIVIDUAL— The term "eligible homeless individual" means an individual described in section 522(a) of this title.

(2) HOMELESS INDIVIDUAL—The term "homeless individual" has the meaning given such term in section 340(r) of this title.

(3) STATE—The term "State" means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(4) SUBSTANCE ABUSE—The term "substance abuse" means the abuse of alcohol or other drugs.

Sec. 535 FUNDING

(a) AUTHORIZATION OF APPROPRIATIONS— For the purpose of carrying out this part, there is authorized to be appropriated $75,000,000 for each of the fiscal years 2001 through 2003.

(b) EFFECT OF INSUFFICIENT APPROPRIATIONS FOR MINIMUM ALLOTMENTS—

(1) IN GENERAL—If the amounts made available under subsection (a) of this section for a fiscal year are insufficient for providing each State with an allotment under section 521 of this title of not less than the applicable amount under section 524(a)(1) of this title, the Secretary shall, from such amounts as are made available under such subsection, make grants to the States for providing to eligible homeless individuals the services specified in section 522(b) of this title.

(2) RULE OF CONSTRUCTION—Paragraph (1) may not be construed to require the Secretary to make a grant under such paragraph to each State.

Appendix B
PATH Definitions
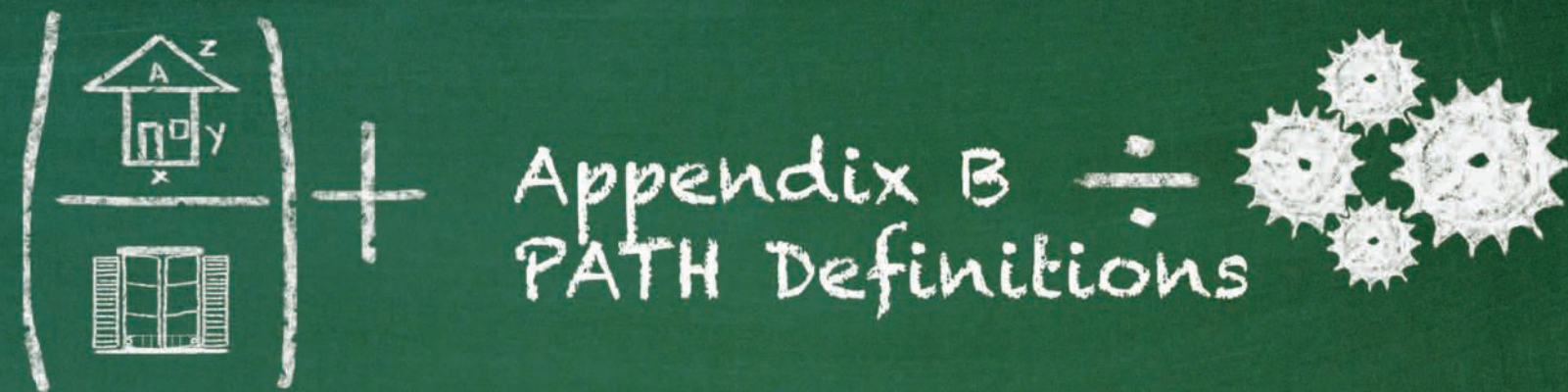
Guiding Principles for PATH Administration and Management[1]

The PATH program is a vital resource in communities as they seek to reduce and end homelessness. PATH programs across the country have led the way in developing and perfecting methods of outreach and engagement that are effective with people who have serious mental illnesses or co-occurring disorders who are literally homeless. PATH programs serve as the front door to homeless services funded through the HUD Continuum of Care and to mainstream mental health, primary health care and substance abuse service systems. State PATH Contacts (SPCS) should recommend providers collaborate with their local Continuums of Care.

SPCS should guide the activity of providers towards services to persons who are literally homeless. For states using PATH funding for people who are at risk of homelessness, providing services primarily to persons who are literally homeless will mean a change in the focus of PATH funded programs. The voluntary shift to serving people who are literally homeless will be dependent on overall policy and administrative practice in each state.

....

1   The PATH Administrative Workgroup developed the Guiding Principles for PATH Management and Administration in 2005.

Guiding Principles

Person centered services: The PATH program is committed to services that meet the needs and preferences of people who are homeless and who have mental illnesses and/or co-occurring disorders. Services are effective only if they meet needs identified by the individual. Service plans are developed in partnership with individuals receiving services.

Culturally competent services: The PATH program is committed to meeting needs and preferences of individuals within the context of culture. For this to happen in a meaningful way, services must be offered in accordance with individually appropriate language, customs and cultural norms.

Consumer-operated services: The history of the PATH program proves the effectiveness of services provided by people who have "been there". Individuals who have achieved recovery serve as powerful examples, and consumer-operated services are a strong tool in our efforts to address homelessness.

Commitment to quality: SPCS are committed to helping providers achieve high quality in all areas of service provision. Encouragement of evidence based and exemplary practices within homeless services and mainstream systems is part of this strategy.

Service Definitions

Service definitions for the PATH program are included in the Annual PATH Report to assist PATH providers in data collection. The definitions are presented below.

Alcohol or drug treatment services: Preventive, diagnostic, and other outpatient treatment services as well as support for people who have a psychological and/or physical dependence on one or more addictive substances, and a co-occurring mental illness.

Assisted Referral: A referral that results in the completion and filing of a consumer's application for a service. An assisted referral would include the following activities being conducted by the program on behalf of or in conjunction with the consumer (if some, but not all, of these activities were conducted it does not count as a complete assisted referral):

- Assisting the consumer in obtaining the application, <u>AND</u>

- Assisting the consumer in obtaining the appropriate supporting documentation, AND

- Assisting the consumer with completion of the application, AND

- Assisting the consumer in filing the application with the appropriate agency or organization (business if employment)

- or Referral to a program that specializes in assisting consumers with an application process and who can provide certification that the application has been successfully filed by the consumer.

Attainment: The PATH provider confirms that the client attained the indicated service through client self report or confirmation by other Providers. A client is counted as attaining a service when they begin receiving the service. The client is not counted as attaining a service when the application process for a service is complete. PATH Providers are not required to obtain written documentation from another provider to confirm attainment.

Case management services: Services that develop case plans for delivering community services to PATH eligible recipients. The case plans should be developed in partnership with people who receive PATH services to coordinate the assessment, treatment, housing and/or care

of individuals, tailored to individual needs and preferences. Case Managers assist the individual in accessing needed services, coordinate the delivery of services in accordance with the case plan, and follow-up and monitor progress. Activities may include financial planning, access to entitlement assistance, representative payee services, etc.

Community mental health services: Community-based supports designed to stabilize and provide ongoing supports and services for individuals with mental illnesses and/or co-occurring disorders or dual diagnoses. This general category *does not include* case management, alcohol or drug treatment and/or habilation and rehabilitation, since they are defined separately in this document.

Costs associated with matching eligible homeless individuals with appropriate housing situations: Expenditures made on behalf of PATH-enrolled individuals to meet the costs, other than security deposits and one-time rental payments, of establishing a household. These may include items such as rental application fees, furniture and furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding consumer debts identified in rental application credit checks that otherwise preclude successfully securing immediately available housing.

Earned Income: See *employment*

Employment: Employment is any instance where services are performed that is subject to the will and control of an employer and for which wages are received by the worker. This definition of employment is not limited to full, part or seasonal employment, a minimum number of hours worked per week, or the availability of benefits.

Employment Services: Services designed to assist consumers with obtaining employment. Services may include, but are not limited to, application completion, resume development, interview training, and providing access to job listings.

Habilation and rehabilitation services: Community-based treatment and education services designed to promote maximum functioning, a sense of well-being, and a personally satisfying level of independence for individuals who are homeless and have mental illnesses and/or co-occurring disorder.

Housing Services: Specialized services designed to increase access to and maintenance of stable housing for PATH-enrolled individuals who have significant or unusual barriers to housing. These services are distinct from and not part of PATH-funded case management, supportive and supervisory services in residential settings, or housing assistance referral activities.

Imminent risk for homelessness: Commonly includes one or more of the following criteria - doubled-up living arrangement where the individual's name is not on the lease, living in a condemned building without a place to move, arrears in rent/ utility payments, having received an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, being discharged from a health care or criminal justice institution without a place to live.

Improving the coordination of housing services: The process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the residential needs of the target population.

Income Benefits: Income supports that are not earned income (wages), non-cash benefits (food stamps/ Supplemental Nutrition Assistance Program, etc), or temporary financial assistance (security deposits, rental assistance, utility or energy assistance). Income supports are financial supports that can be used at the consumer's discretion and are not limited to specific uses. Examples include Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Temporary Assistance for Needy Families (TANF) and pensions.

Medical Insurance Program: A program designed to provide medical insurance and/or medical co-pay assistance.

Minor renovation, expansion, and repair of housing: Services or resources provided to make essential repairs to a housing unit in order to provide or improve access to the unit and/or eliminate health or safety hazards.

One-time rental payments to prevent eviction: One-time rental payments are made for PATH-enrolled individuals who cannot afford to make the payments themselves, who are at risk of eviction without assistance. and who qualify for this service on the basis of income or need.

Outreach Services: The process of bringing individuals who do not access traditional services into treatment. Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach to people who are experiencing homelessness and mental illness results in increased access to community services.

- Active outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals.

- Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.

- Outreach may also include "inreach," defined as when outreach staff are placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. In this form of outreach, homeless individuals seek out outreach workers.

PATH Enrolled: A PATH enrolled client is defined as a person (1) who is homeless or at imminent risk of becoming homeless and has a serious mental illness and/ or a co-occurring substance use disorder; (2) who receives services supported in some measure with Federal PATH funds, and (3) for whom a clinical or other formal record has been prepared, indicating formal PATH enrollment.

Planning of Housing: Activities related to the analysis and formulation of a detailed set of action steps, timelines, and resources necessary to create or expand housing for the target population.

Primary Medical Care: Medical care that is overseen by a licensed medical primary care provider.

Referrals for primary health services, job training, educational services and relevant housing services: Services intended to link persons to primary health care, job training, income supports, education, housing,

and other needed services not directly provided by the PATH program or individual PATH Providers.

Screening and diagnostic treatment services: A continuum of assessment services that ranges from brief eligibility screening to comprehensive clinical assessment.

Security deposits: Provision of funds for PATH-enrolled individuals who are in the process of acquiring rental housing but who do not have the assets to pay the first and last month's rent or other security deposits required to move in.

Staff training: Materials, packages or programs designed to increase the knowledge or skills of individuals who work in shelters, mental health clinics, substance abuse programs and other sites. Training should focus on the needs of the target population, job related responsibilities and service delivery strategies to promote effective services and best practices.

Supportive and supervisory services in residential settings: Services provided in residential settings that are designed to support individuals during their transition into mainstream services.

Technical assistance in applying for housing assistance: Targeted training, guidance, information sharing, and assistance to, or on behalf of, PATH-enrolled individuals who encounter complex access issues related to housing.

Appendix C
Local Provider
Intended Use Plan
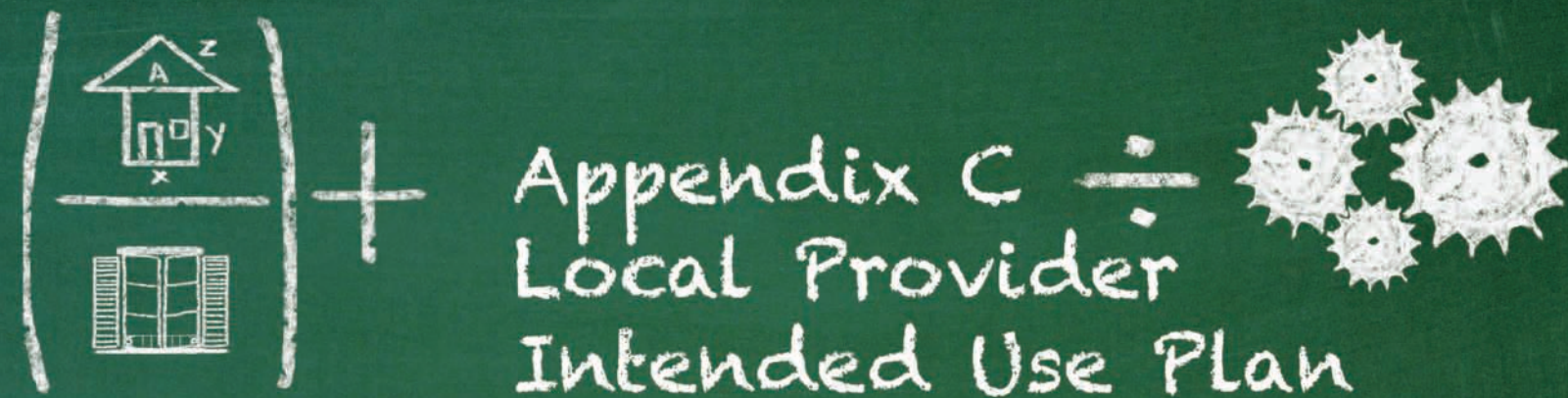
The state must submit an Intended Use Plan for each PATH-funded organization. If the state has not selected the organizations to receive PATH funding before the PATH application is due for submission to SAMHSA, provide as much information as possible about the intended use of PATH funds. For example, if the same organizations funded in the prior year will be funded in the current year, but the Request For Proposal process has not been completed, you may submit information about the organizations from the prior year. Once the selection process has been completed, submit a revised Intended Use Plan to SAMHSA. Indicate any changes in providers compared to the previous funding period and state the rationale for the change(s).

In the Intended Use Plan, the state must furnish the following information for each agency that provides services with PATH funds:

A. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

B. Indicate the amount of Federal PATH funds the organization will receive.

C. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

» the projected number of clients who will receive PATH-funded services in the upcoming fiscal year. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless, e.g., living outdoors or in an emergency shelter,

rather than at imminent risk of homelessness (see Appendix B Service Definitions);

» list services to be provided, using PATH funds;

» community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

» gaps in current service systems;

» services available for clients who have both a serious mental illness and substance use disorder;

» strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

D. Describe the participation of PATH local providers in the HUD Continuum of Care and any other local planning, coordinating or assessment activities.

E. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

F. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?
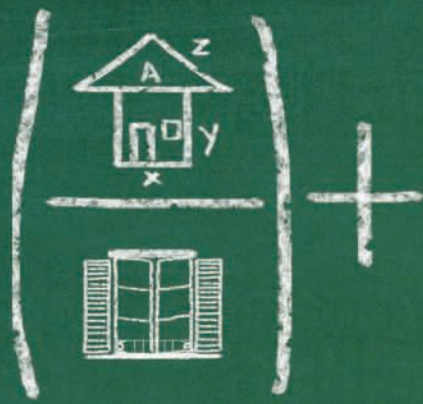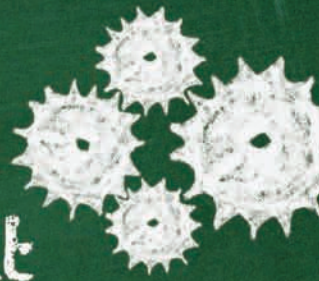
Alabama	Mattie Cheek	**Nevada**	Ilze Ruditis
Alaska	Mattie Cheek	**New Hampshire**	Ilze Ruditis
American Samoa	Mattie Cheek	**New Jersey**	Mattie Cheek
Arizona	Gigi Belanger	**New Mexico**	Pamela Fischer
Arkansas	Mattie Cheek	**New York**	Mattie Cheek
California	Ilze Ruditis	**North Carolina**	Robert Grace
Colorado	Gigi Belanger	**North Dakota**	Gigi Belanger
Connecticut	Robert Grace	**N. Mariana Islands**	Robert Grace
Delaware	Mattie Cheek		
Florida	Pamela Fischer	**Ohio**	Robert Grace
Georgia	Ilze Ruditis	**Oklahoma**	Robert Grace
Guam	Mattie Cheek	**Oregon**	Gigi Belanger
Hawaii	Gigi Belanger	**Pennsylvania**	Pamela Fischer
Idaho	Gigi Belanger	**Puerto Rico**	Robert Grace
Illinois	Robert Grace	**Rhode Island**	Mattie Cheek
Indiana	Ilze Ruditis	**South Carolina**	Mattie Cheek
Iowa	Mattie Cheek	**South Dakota**	Robert Grace
Kansas	Pamela Fischer	**Tennessee**	Mattie Cheek
Kentucky	Robert Grace	**Texas**	Pamela Fischer
Louisiana	Deborah Stone	**Utah**	Ilze Ruditis
Maine	Ilze Ruditis	**Vermont**	Mattie Cheek
Maryland	Deborah Stone	**Virginia**	Deborah Stone
Massachusetts	Robert Grace	**Virgin Islands**	Gigi Belanger
Michigan	Robert Grace	**Washington**	Pamela Fischer
Minnesota	Gigi Belanger	**Washington DC**	Mattie Cheek
Mississippi	Gigi Belanger	**West Virginia**	Ilze Ruditis
Missouri	Mattie Cheek	**Wisconsin**	Ilze Ruditis
Montana	Robert Grace	**Wyoming**	Mattie Cheek
Nebraska	Deborah Stone		

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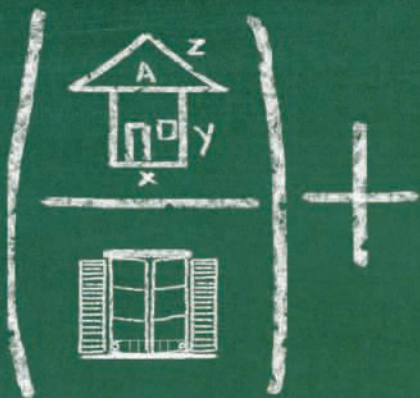
Appendix E
PATH Program
Face Sheet

*Start Time: _____   *Finish Time: _____

*Location of 1ˢᵗ Engagement/Contact: _____*Date: _____

*Consumer's Name (Last, First, M.I.): _____

Alias (if app): _____ Cell Phone/Contact #: _____

*DOB: _____ ID/SSN: _____ *Gender: M_____ F_____ Age: _____

*Race/Ethnicity: _____ *Language(s): _____ Yrs. Of Education: _____

*Veteran: Y ____ N _____ *Employed: Y _____ N _____ Voter: Y _____ N _____ *Benefits: Y _____ N _____

*Source of Benefits: _____

*Marital Status: _____ Emergency Contact: _____

*Homeless or at imminent risk of Homelessness: Y _____ N _____ *Duration: _____

*Current residence:

o Outdoors   o Short/Long Term Shelter: _____

o Own or staying in someone's apt, room, or house   o Hotel/Motel, SRO, boarding house

o Institution (psychiatric or other hospital, nursing home) o Jail/Prison, Correctional Facility

o Halfway House, Residential treatment program   o Unknown

o Other: _____

*Health Status: Excellent _____ Good _____ Poor _____ Critical _____

DSM Diagnosis: *Axis I: _____ Axis II: _____

Axis III: _____Axis IV: _____

Axis V: GAF Scale Score (Current): _____ *Mood/Affect: _____

*History of Substance Abuse or Dependence: Y_____ N_____ Last Date of Use: _____

Drug(s) of Choice: _____

Is the Consumer currently enrolled in other agency programs/services? : Y _____ N_____

If yes, please specify: _____

*Is the Consumer approved for the PATH Program? : Y _____ N_____ Please explain why: _____

_____

*Provider Agency: _____ *Telephone #: _____

(If more space is needed, please use the back of this page.)

*Staff Signature: _____

*Asterisk indicates necessary entry.
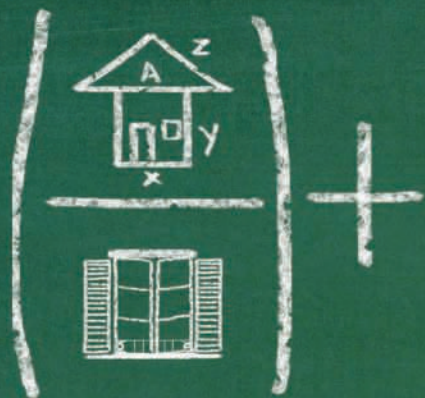
Appendix F
Monitoring Tool

Onsite Monitoring of PATH Programs

Review Team Members

- State PATH Contact: (Required)
- Fiscal Contact: (Optional)
- State Quality Assurance: (Optional)
- Other PATH Provider(s): (Optional)
- Other team members as desired: Mental health liaison staff, regional or county representatives, consumer advocates.

Outline of the Process

Pre Site Visit

- Schedule site visit with provider
- Describe purpose of site visit
- Send confirmation letter and PATH Monitoring Tool four weeks prior to site visit. Ask providers to answer pre-site visit questions, arrange for on-site interviews with stakeholders, and return monitoring tool forms.
- Send interview questions to provider prior to site visit
- Provider returns completed PATH Monitoring Tool within two weeks of site visit for review.

Site Visit

- Meet at the program site
- Meet with PATH provider administration to discuss the site visit plan, content of monitoring tool, follow-up on any questions/concerns identified in review of pre-site visit responses.
- Meet with PATH Staff
  - » Interview PATH Staff
  - » Interview associated agencies or tour their facilities or accompany outreach staff
  - » Interview consumers
  - » Site visit team debriefing
  - » Informal feedback discussion with provider

Post Site Visit

- Prepare draft report
- Share draft report with other reviewers
- Share draft report with PATH provider
- Issue final report

Sample Monitoring Tool

PATH Provider Agency: _____

Contact: _____

Region: _____

What are the goals and objectives of PATH at the local site?

Personnel and Staff Development

Is there a PATH program director or individual who is administratively responsible for PATH?

1.   If yes, name, title, and credentials (degree/experience):

2.   What is the staffing pattern of the program?

Name of Staff	Position	Duties	Qualifications (MHP;MA;BA;Consumer)	FTE %

Describe PATH staff turnover rates.

- o   High

- o   Medium

- o   Low

- o   Give Percent

Is there a PATH orientation/training curriculum?

- o   Yes

- o   No

Is there evidence that orientation/training was provided to PATH staff prior to assumption of duties?

- o   Yes

- o   No

If yes, who provided training?

3.   Is there evidence that a staff development program is in place?

- o   Yes

- o   No

If yes, have the following topics been addressed?

Topic	Yes	No
Serious Mental Illnesses		
Substance Abuse		
Co-occurring Substance Abuse/Mental Illness		
HIV/AIDS		
Recovery and Community Integration		
Community Resources		
Benefits Acquisition		
Housing		
Employment		
Crisis Intervention		
Other Topics (List)		
Other Topics (List)		

Policies/Procedures/QA & Activities

Is there a PATH Program specific Policy and Procedure Manual?

- o   Yes

- o   No

Covered by agency policy—not PATH specific

If no, are there PATH Program specific policies and procedures included in an agency-wide manual?

- o   Yes

- o   No

Covered by agency policy-not PATH specific

2/10/2010

Is there an internal procedure for reporting PATH-related incidents?

      o   Yes

      o   No

Covered by agency policy-not PATH specific

Is there a Quality Assurance & Quality Improvement process for the PATH Program?

      o   Yes

      o   No

Consumer Involvement

Does the PATH Agency employ consumers as staff?

      o   Yes

      o   No

1.   Are consumers involved in policy and program decisions?

      o   Yes

      o   No

If yes, in what ways are they involved?

Is there evidence that the PATH Program utilizes a consumer satisfaction survey?

      o   Yes

      o   No

Have any modifications been made to PATH service delivery as a result of Quality Improvement Activities or consumer satisfaction results?

      o   Yes

      o   No

If yes, give examples:

2.   Are there confidentiality procedures in place?

      o   Yes

      o   No

Services

Which of the following services are provided with PATH funding?

- o   Outreach

- o   Screening and diagnostic treatment

- o   Community mental health treatment

- o   Alcohol and drug treatment

- o   Staff training

- o   Case management

- o   Supportive and supervisory services in residential settings

- o   Referrals for other services; e.g. primary health, job training, educational, relevant housing

- o   Other: (describe)

Does each PATH client have an individual chart that identifies PATH services separate from other services?

- o   Yes

- o   No

Identify the documentation for each of the PATH services provided in the chart below.

Activity	Documentation
Outreach	o Daily Log o Narrative Progress Notes o Other (Specify)
Screening and Diagnostic Services	o Daily Log o Narrative Progress Notes o Other (Specify)
Community Mental Health Services	o Daily Log o Narrative Progress Notes o Other (Specify)
Alcohol and Drug Treatment	o Daily Log o Narrative Progress Notes o Other (Specify)
Staff Training	o Daily Log o Narrative Progress Notes o Other (Specify)

Case Management	o Daily Log o Narrative Progress Notes o Other (Specify)
Supportive & Supervisory Services in Residential Settings	o Daily Log o Narrative Progress Notes o Other (Specify)
Referrals	o Daily Log o Narrative Progress Notes o Other (Specify)
Other Services_____	o Daily Log o Narrative Progress Notes o Other (Specify)

Additional comments on documentation:

Which of the following PATH eligible housing services are provided?

o   Minor renovation, expansion, and repair of housing

o   Planning of housing

o   Technical assistance in applying for housing

o   Improving the coordination of housing services

o   Security deposits

o   Costs associated with matching eligible homeless individuals with appropriate housing situations

o   One-time rental payments to prevent eviction

Is there documentation available to support funds expended on any of the PATH eligible housing services?

- o Yes

- o No

If Yes, give examples of supporting documentation:

- o Invoices

- o Expense reports

- o Meeting notices or minutes of housing meetings attended

- o Clinical documentation regarding client-specific housing service

- o Other (describe):

Does the PATH provider participate in the HUD Continuum of Care in their community?

- o Yes

- o No

Client Eligibility

Is there evidence that PATH funds are being used for individuals who meet
the definition of homeless or at imminent of homelessness?

- o Yes

- o No

Fiscal Management

Is the utilization of PATH funds the same as outlined in the most recent PATH proposal?

- o Yes

- o No

Please describe.

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Cultural Competency

1. Have efforts been made to recruit and hire staff with diverse cultural backgrounds?

   o   Yes

   o   No

   If No, describe why.

2. Are current staff trained in cultural competency?

   o   Yes No

3. Has the program defined the major Non-English languages for the consumer population?

   o   Yes

   o   No

4. Does the program provide services in the major Non-English languages?

   o   Yes

   o   No

   If No, how does the program access interpreters or communicate to Non-English speaking clients when needed?

5. Does the program have translations of written materials in the identified languages?

   o   Yes

   o   No

Questions for PATH Provider

Outreach

Describe outreach activities conducted by PATH staff.

1.   Who does outreach and how is staff trained?

2.   Where does outreach occur?

3.   What is considered an outreach contact and how is that data collected?

4.   How does your data collection address duplications of consumers?

5.   At what point is a client considered enrolled in services?

6.   On average, how many outreach contacts occur before enrollment into services?

7.   What is the average time between the first contact and enrollment?

8.   What percentage of outreach contacts takes more than one year to enroll?

9.   What is your most effective outreach strategy to reach the "hardest to serve"?

Housing

What types of housing do PATH services place individuals into?

1.   What types of housing programs are the most successful with your consumers?

2.   On average, how long do clients remain in housing after placement?

Clients

1.   Where do new referrals and/or admissions come from?

2.   Describe the homeless population currently being served.

3.   Describe the outcome measures tracked in the program.

Program Operation

1.   What are the hours of operation?

2.   What are the strengths of the program and the areas for growth?

Training/ Technical Assistance

What training/technical assistance needs does your PATH program need?

Reporting and Fiscal Controls

Describe the fiscal controls in place for PATH funds?

1.   What are your fiscal controls for discretionary funds?

Questions for Consumer Interviews

1. How did you find out about the program?

Describe the services you have received from (name of program and/or PATH staff).

2. Did the staff help you right away or did it take a while to get what you needed?

3. Did the staff make you feel respected, like they were on your side?

4. When you were on the street, what was your greatest need?

5. Were you able to get off the street? What made this happen?

6. What are your goals for the future? What will you need to meet your goals?

7. How often do you see staff? Do you see just one person or a team of people?

8. Did staff appear to be knowledgeable about community resources?

9. Did staff help you find:

- o Housing
- o Shelter
- o Employment
- o Health services
- o Benefits
- o Substance abuse treatment
- o Other (specify)

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10.   Are you involved in developing your treatment plan?

       o   Yes

       o   No

11.   Are you involved with program decisions?

       o   Yes

       o   No

12.   Are you satisfied with the services your received?
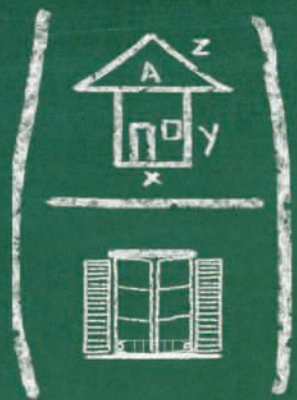
       o   Yes

       o   No

Describe what you like and what would you like to be different.

13.   Would you recommend this program to someone in need?

       o   Yes

       o   No

       o

We want to know what you think about the services received in this program. Your answers to the following questions will assist us to improve our PATH services. Thank you for your time.

PATH Referral Date: _____ Today's Date: _____

1. Once I requested PATH services, I found out that my request was approved or denied

¨ The same day   ¨ The same week   ¨ 2 weeks or longer

**If your request was denied please skip to question (3) three.

2. Once I was accepted into PATH services, I was able to use those services (i.e. rental assistance, security deposit, etc)

¨ The same day   ¨ The same week   ¨ 2 weeks or longer

3. Staff at the program kept me informed about what was happening with my PATH request.

¨ Yes   ¨ No   ¨ I am not sure

4. Staff at the program assisted me in planning for my future (i.e. budgeting, understanding finances, etc) in addition to providing PATH financial support.

¨ Yes   ¨ No   ¨ I am not sure

5. As a direct result of PATH services my housing situation has improved.

¨ Yes   ¨ No   ¨ I am not sure

6. Staff at the program encouraged me to take responsibility for how I live my life.

¨ Yes   ¨ No   ¨ I am not sure

7. Staff at the program helped me obtain the information I needed so that I could make informed choices about my future.

¨ Yes   ¨ No   ¨ I am not sure

8. Staff at the program explained to me what PATH stands for and what the program is designed to accomplish.

¨ Yes   ¨ No   ¨ I am not sure

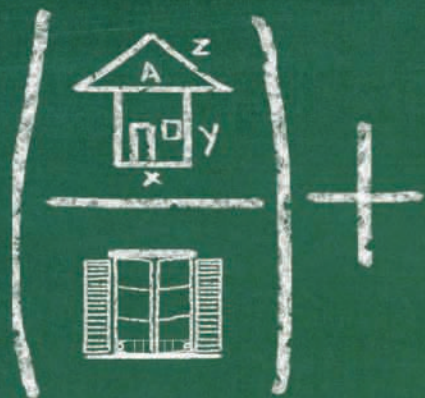9. I liked the services I received from this program.

¨ Yes   ¨ No   ¨ I am not sure

10. I would recommend this program to a friend or family member.

¨ Yes   ¨ No   ¨ I am not sure

Comments: _____
_____
_____

Appendix H
Quarterly Report

	Name	
	Social Security Number	
	Date of Birth	
	Enrolled PATH Client Y/N	
Persons Served	Eligible for PATH? (Y/N)	
	Homeless and SMI served by PATH and Other Sources (Y/N)	
	Served by PATH Outreach (Y/N)	
Demographics	Age	
	Gender (M/F, U)	
	Race/Ethnicity: Select from Drop down only	
	Principal MH Diagnosis--Select from drop down only	
	Co-Occurring SA (Y/N, U)	
	Veteran (Y/N, U)	
	Housing Status at First Contact	
	(Length of time outdoors or in shelter)	

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Services: 1: Enrolled 2: Not Enrolled	Outreach	
	Screening & Diagnostic	
	Habilitation & Rehabilitation	
	Community Mental Health	
	Alcohol or Drug Treatment Services	
	Staff Training	
	Case Management	
	Supportive & Supervisory in residential settings	
	Referrals for Primary HC, etc.	
	Minor Renovation or repair	
	Planning of Housing	
	Costs associated with matching housing	
	TA in applying for housing	
	Improving coordination of housing services	
	Security Deposits	
	One-time rent to prevent eviction	
	Other PATH Services Provided	
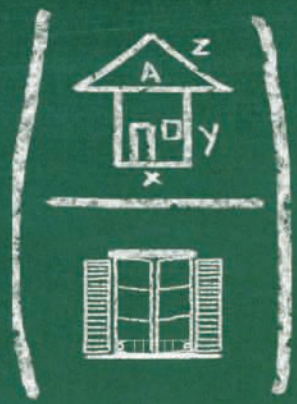
Appendix I
Glossary of Terms

AWG	Administrative Workgroup	**PHS**	Public Health Service
CMHS	Center for Mental Health Services	**RFA**	Request for Applications
ESG	Emergency Shelter Grants program	**RFP**	Request for Proposals
GPO	Government Project Officer	**SAMHSA**	Substance Abuse and Mental Health Services Administration
GPRA	Government Performance and Results Act	**SF**	Standard Form
HHS	U.S. Department of Health and Human Services	**SNAPS**	HUD's Office of Special Needs Assistance Programs
HIPAA	Health Insurance Portability and Accountability Act	**SOAR**	SSI/SSDI, Outreach, Access, and Recovery
HMIS	Homeless Management Information System	**SPC**	State PATH Contacts
HRN	Homelessness Resource Network	**SPCRC**	State PATH Contact Resource Center
HUD	U. S. Department of Housing and Urban Development	**SSDI**	Social Security Disability Insurance
IUP	Intended Use Plan	**SSH**	Services in Supportive Housing
OMB	Office of Management and Budget	**SSI**	Supplemental Security Income
PATH	Projects for Assistance in Transition from Homelessness	**TA**	Technical Assistance
PCPN	PATH Consumer Provider Network		